VS A1S (4) 15M 9/55

	: 1	266	CERTIF	ICAT	E OF D	EATH	1	IIIIIORE,	Reg. I	Dist. No.	01	258
1. PLACE OF DEATH o. COUNTY	comico		MARYL	- 11	O. STATE	id .	ere decease	lived. If institution b. COUNTY	- 1		re odmisi	sion)
b. CITY OR TOWN	(If outside corporate lim	is, write	c. LENGTH OF STAY II	N lb			wtside corpo	rote limits, write f	URAL one	nor days pages	rest town	n) V
RURAL ond give			I vear		5-m -	kto		-	17 9	7: 77		
	PITAL (If not in hospital,	ive street			d. STREET AD		12			/-	e. IS RES	IDENCE
Springhi					18	2 E	Mai	n St.				NO.
3. NAME OF DECEASED (Type or print)	Emma	**	Middle harine	470	tos xander		4. DATE OF DEATH	Jan.	nth	25		Yeor
5. SEX	6. COLOR OR RACE		HED NEVER MARRIED		ATE OF BIRTH		-		IF UNDE	-		19 50 ER 24 HRS
Female	White	WIDOWI			2-7-18	74		9. AGE (In years lost birthday)	Months	Days	Hours	Min.
10g. USUAL OCCUPAT	ION (Give kind of work	done 10h	Margar 1	INDUSTRY			or fareign co		12. C	ITIZEN O	F WHAT	COUNTR
Housewi	SEXING LITE, EVEN IT FEILLED	)	t Home		Vien		Mary	_		TT	S	٨
13. FATHER'S NAME		1.		1	4. MOTHER'S A			- CANAL OL	1	0.	<u> </u>	14.0
Sa	muel Anth	ony			Sa	rah	Eliz.	abeth -				
IS. WAS DECEASEDEN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		- 0.2.2		Add	ress			
(Yes, no, or unknown)	(If yes, give wor or dates of s	es.vice)	None .	irs.	G. Le	slie	e Tim	me Ahi	ngto	าก	Peni	ne
Conditions, if gove rise to couse (a), stating lying couse lost  PART II. O	immediate g the <u>under-</u> DUE TO	)	ONTRIBUTING TO DEAT	IH BUT NO	FRELATED TO T	HE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PA	RT I(o) 1	PERFO	RMED?
	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER		CRIBE HOW INJURY OC								YES []	NO 🚺
20c. TIME OF INJU Hour a. p.	10	While	Not while of work	PLACE factory.	OF INJURY (Ho , street, office b	ome, farm oldg., etc.	20f. (City	or town)		(County)		(State)
21. I certify to alive on	Philip A.	125	ed from 1-17	death oc	curred at 1	10.1= 0:35	25- 2 MA from ADDRESS (Sh	1958 10 the causes of 10 town, 1 -25	ind on	last sa	e state	decease ed abov ATE SIGNI
220. BURIAL, CREMATI REMOVAL (Specify BULLIA)	Jan 28	f 1958	Elkton.		eterv		22d. LOCAT	ION (City, town,	or county)		(Stote	e)
23. FUNERAL DIRECTO Piddin Fu		47h,	See Elk		2	ATE	BY REGIST		STRAR'S S	GNATUR	E	

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 10



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CERTIFICATE OF DEAT					
CERTIFIC ATELIEATI	CERT	TEICA	TE C	DE D	FATI

Reg. Dist. No.

1	PLACE OF DEATH  COUNTY / POMICA MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  HOURS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  / Salisbury
1	OR INSTITUTION  ON INSTITUTION  ON INSTITUTION  ON INSTITUTION  ON INSTITUTION  ON INSTITUTION	d. STREET ADDRESS 423 W. College Ave.  6. 15 RESIDENCE ON A FARM? YES \( \) NO \( \)
3.	NAME OF DECEASED (Type or print) ARTHUR WASHINGTON	BOYCE 4. DATE Month Day Year OF DEATH JANUARY 18, 1958
5.	10 ALC WHITE WIDOWED DIVORCED D	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 62 yrs. Months Days Hours Min.
I	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  nsurance & Real-Estate Agent(Self Employers)	Oyed Delmar, Delaware USA
1	Samuel Warren Boyce	Mary Isabella Bradley
		rs. Irma Boyce(Wife) 423 W. College Ave. Salisbury, Maryland
	18. CAUSE OF DEATH Enter only one couse per line for (a). (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which )  (b)	Infarction, Acute Interval Between Onset and Death Occlusion
ATION	gave rise to immediate case (a), stating the under- lying cause lost.  DUE TO (c) Hyperten Sive	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NOTE
CEPTIEICATION		ED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P Hour a. m. White Not white p. m. 19 at work 1	LACE OF tNJURY (Home, form, 20f. (City or tawn) (Caunty) (State) actory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 4/2 alive an 504 18 1958, and that deat ACTUAL SIGNATURE C. Hell J.  PHYSICIAN'S NAME (Type) Dr. Thomas C. Hell Jr.  No.	9. 1957, to Jan 18. 1958, that I last saw the deceased h accurred at 10 4 M., from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  Division St. Salisbury. Maryland Jan. 18. 1958
2	REMOVAL (Specify)  Burial Jan 21.1958  22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, ar county) (State)
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	BURY, MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

may be retained to the haspital or attending physician.

2 FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the peral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registory prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours offer death. Fage 4 moy be retained by TO FUNERAL DIREC

VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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FUNERAL HOME - SALISBURY, MD.

DATE JAN 2 0 '58

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VS A15 (4)

15M 9/55

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TO HOSPITAL TO FUNERAL I

death certificate

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CERTIFICATE OF DEATH THE REST OF STREET . shade - office Votally Carles Carles Intelligence to BUREAU V. L. AND RESIDENCE AND ADDRESS OF THE PARK AND ADDRESS OF T SSEL OR NO regretation meneral constraint

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01263 **CERTIFICATE OF DEATH** 1270 Reg. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b. COUNTY** MARYIAND Die omic Main b. CITY OR TOWN Of outside corontale fimils, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) C. LENGTH OF STAY IN 15 RURAL and give negres! town d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION ofter d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO THE Allemnal Haspita NAME OF 4. DATE Middle Last Month Year Dov DECEASED (Type or print) DEATH 19.7 QMURNI 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Davs DIVORCED T WIDOWED | YCS. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Herry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 200 18. CAUSE OF DEATH [Enter only one cause per ligo-fer (a), (b), and (a). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO è permit. Conditions, if any, which 200 gave rise to immediate DUE TO cause (a), stating the underlying coute last. ansit. pup FAIT II. THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIDIAL DISEASE CONDITION GIVEN IN PART HEILT WAS AUTOPSY burial-tr YES 173-NO [7] 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Day, Year 20f (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not while at work at work 6. m 2., 19.5 Sthat I last saw the deceased 21. I certify that I attended the deceased from alive on and that death occurred at .M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DAYE SIGNED ACTUAL SIGNATURE å shauld FUNERAL Page 3 show PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) abod REMOVAL (Specify) Deen 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE new C DATE

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e. IS RESIDENCE

ON A FARM?

YES 🔲 NO 📆

Year

19 58

Reg. Dist. No.

Months

Wicomico

IF UNDER 1 YEAR IF UNDER 24 HRS

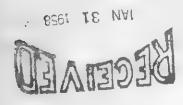
12. CITIZEN OF WHAT COUNTRY?

Mr. Charles H. Chatham (Husband) 603 Oak Hill Ave. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19. WAS AUTOPSY PERFORMED? YES NO 📆 200 ACCIDENT WAS UNDERLYING [] 208 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] 20d INJURY OCCURRED (State) (County) Not while foctory, street, office bldg, etc.) Hour o. m of work of work 19 5, 10 194 5 that Hast saw the deceased 21. I certify that I attended the deceased from  $\triangle$ , and that death occurred at 8:15P...M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Fhilip A. Insley 116 E. Main St. Salisbury. Md. NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d LOCATION (City, town or county) (Stote) REMOVAL (Specify) Salisbury. Maryland Jan. 5.1952 Parsons Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR HOLLOWAY & COMPANY FUNERAL HOME - SALISBURY MD. DATE JAN 8

burial remov DIREC 8 70 FUNERAL C shoul abod 10



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	1272 CERTIFICATE OF DEATH Reg. Dist. No. ()12	265
Page director	1. PLACE OF DEATH O COUNTY // COM/CO MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. ARYLAND  D. ARYLAND  D. COUNTY WORKST	ek
death	b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give hearest town)  RURAL and give hearest town)	g
ŧ (c)	NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION OR INSTITUTION OR YES N	RM?
Iled in	3. NAME OF DECEASED (Type or print)  Middle CALICK DEATH TANIARY 2.7, 19.	100
s within	S. SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In years   IF UNDER 2 VEAR IF UNDER 2 VIDONED   DIVORCED   JANUARY 16 1938   Months   Days   Hours   Yes	24 HRS. Min.
executed and camp and camp death.	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country)  12. CITIZEN OF WHAT CO	OUNTRY?
	13. FATHER'S NAME  OLIVE SHOCKLEY  SHIRLEY HAN COLLEY	n K
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 10 SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown)   III yes, give wor or dates of service)   SAIRLEVAINE (ULLICIT BERLUX)	RATE
the death the attendin Then please vent within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETW ONSET AND DE	EEN ATH
requires thoian. In signed by nsit permit. and in any e	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  (b)  (b)  DUE TO	
physicid as been as been id-transtavat, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NO ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED?
_ 0 = -		
PHYSIC all ar att his certi use as ematian	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Nat while of work of work at wark of the control of work of wo	(State)
reyding haspite After t stacked far burial, cr	21. I certify that I attended the deceased from Jan 26, 1958, to 21, 1958, to 27, 1958, that I last saw the dealive an January 1958, and that death accurred at 12 M, from the causes and an the date stated  ADDRESS (Street, city or layof plate)  DATE	
OR AF	SIGNATURE TO Aunderso Je MD 926N Division 18t Jan Z'	8/195
PITAL ve rela 3 shau gistror	PHYSICIAN'S NAME (Type)  220 BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. AOCATION (City, town, or county) (Stote)	
Page the re	BUD-141 1/29/58 ST. PAULS CEM. BIED LIN . MI	0
VS A15 (4) 15M 9/5\$	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  DATE JAN 3 1 '59 C. REGISTRAR'S SIGNATURE  DATE JAN 3 1 '59 C. R. REGISTRAR'S SIGNATURE  DATE JAN 3 1 '59 C. R. REGISTRAR'S SIGNATURE	



BUREAU V. S.

executed within

hours after death. After this ctor, the third copy of this

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be

The bottom copy may be retained by the hospital or attending physician,

**DIRECTOR:** The law requires that the death certificate be filed with the registrar within a been executed by the attending physician and completely filled in by the funeral cate assembly should be detached for use as a burial transit permit.

death certiff VS A15C 1-55 10M

TO FUNERA certificate

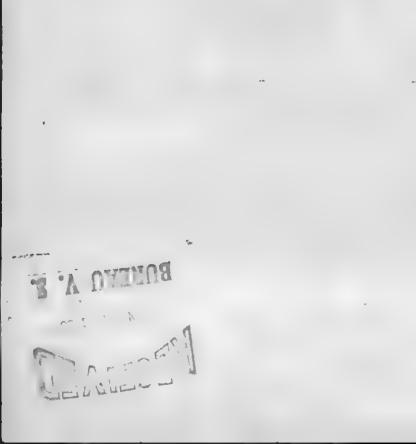
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01266

Reg. Dist. No.

: 10	• •								
I, PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED							
county Wicomico	MARYLA	ND	state Maryl	and county	Wic	comico			
CITY (If outside corporate limits, write RUR.  OR and give nearest town)	AL LENGTH OF		CITY (It outside corpora	eta limits, write RURAL e	nd give naere:	it town)			
TOWN Salisbury	Since 9/	24/53	town Sharp	town					
HOSPITAL OR Pine Bluff	State Hospital		STREET ADDRESS	(If rurel giv	ra location)				
STREET ADDRESS Salisbury.			A COUNCOU						
3. NAME OF (First)	(Middle)		(Last)	4. DATE (Mon	oth)	(Day)	(Yaor)		
(Type or Print) Georgia	Bounds		Collins		Jan. 2	22	1958		
5 SEX LA COLOR OR 7	SINGLE MARRIED	8. DATE OF		. AGE last birthday	IF UNDER 1	YEAR IF UN	DER 24 HRS		
F White	WIDOWED DIVORCED (Specify)	_	. 7, 1885	72 yrs.	Months		urs Min.		
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if	106. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or forzig	n country)	12.	CHIZEN OF			
relired) Housewife			Maryland			· ·	JSA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME					
George Bounds			Willie Red	eords					
15. WAS DECEASED EVER IN U. S. ARMED FO		RITY NO.	17. INFORMANT & A						
(Yes, no, or unk.) (If Yes, give wer or dates of	servica)		Records - I	Pine Bluff	State 1	Hospit:	al		
		ICAL CER	TIFICATION		V	INTERVAL ONSET AN			
I DISEASES OR CONDITIONS DIRECTLY LEADIN						_			
IMMEDIATE CAUSE (A)	Pulmonar	y Tuber	rculosis			2 Y.	rs.		
ANTECEDENT CAUSE(S) DUE	то								
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	10								
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING								
TO THE DEATH BUT NOT RELATED TO THE	TING.								
DISEASE OR CONDITION CAUSING DEATH	JOR FINDINGS OF OPERATION					20, AU	OPSY?		
					Ţ	YES 🗌	но 🎦		
21a. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH OF UF EITHER, NOTIFY MEDICAL EXAMINER	. PLACE (Home, farm, factory, INJURY streat, office bldg., etc.)	21	Ic. WHERE DID INJURY OCCUR	? (City or town)	(County	(	Stata)		
21d. TIME OF INJURY [Month] (Day) (Yeer)		while -	ti. HOW DID INJURY OCCUR	?					
22. I hereby certify that I attende	1117		10 57 . Jeni	1ary 2210 58	that I I	net case the	docesses		
							Gecessed		
alive onJanuary22195	and that death o	ccurred at_	ADDR	auses and on the c t <b>ESS</b> (Street, city, tow	uare stated in, stata)	DATE	SIGNE		
1 /	Ritchings				· ·		1.10		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  ATE THE	REOF NAME OF C	M. D. EMETERY OR (	CREMATORY	LOCATION (City, tow	n, or county)	1./7	(State)		
Burial 1-2	25-58 Firen	ans		Sharpton	wn. Mo	1.			
24. REC'D BY REGISTRAR REGISTRAT	R'S SIGNATURE		25. FUNERAL DIRECTOR'S		00	DDRESS	0		
EEE 0 7 170 /	r 1		VAU. V. W.	m- 11	VU	1/100	- 1		



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1 2 63 300pt to

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



LUTEAU V. E.

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24g, REC'D BY REGISTRAR

246 REGISTRARS SIGNATURE

**ADDRESS** 

FUNERAL DIRECTOR'S SIGNATURE

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25/			: 1277	CERTIFIC	CATE OF DEATH	1	Reg. Dist. No. (1271)
director director with the director with the director with the director dir	1	PLACE OF DEATH G. COUNTY Wicon	ni <b>c</b> o	MARYLANG		nere deceased lived. If institution b. County	on: Residence before admission)
ol be f		RURAL and give no	f outside corporate limits, corest town)	write c. LENGTH OF STAY IN 11	c. CITY OR TOWN (IF a	outside corporate limits, write R	URAL and give nearest town)
by the	Γ	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	e street address)	d STREET ADDRESS	Ave.,	e. IS RESIDENCE ON A FARM? YES NO PO
filled in	3.	NAME OF DECEASED (Type or print)	First SADTE	Middle ELIZABETH	DAWSON	4. DATE Mon	
s. Page	5	sex Female	6. COLOR OR RACE 7	MARRIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (in years	IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours Min,
d camp paper Jeath.	10	USUAL OCCUPATION	ON (Give kind of work do	Own Home	DUSTRY 11. SIRTHPLACE (Stole Marylar	or foreign country)	12. CITIZEN OF WHAT COUNTR
cian an carbar	13	FATHER'S NAME	B. Havman	Out Homo	14. MOTHER'S MAIDEN N	NAME	
g physi remave 72 hour	15 (Y		R IN U. S. ARMED FORCE (If yes, give wor or dates of servi	icei	INFORMANT	Add	t Ave, Sal. Md.
attending please re within 72		18. CAUSE OF DEA	TH Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line for (o), (b), and (c).]	1/a seede	Rende	INTERVAL BETWEEN ONSET AND DEATH
od by the		443X Conditions, if a	DUE TO	Hazeten	and Park	Li Vace la	
sit permit nd in any		gave rise to it couse (a), staling lying cause lost.	mmediate (	10		derine	
ial-tran	CATION	PART II. OTH		TIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
ficate h	L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER)	%. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in I	Port I or Port II of item 18.]	
this cert r use as emation	MEDICAL	20c. TIME OF INJUR Hour a. r. p. m.	Y Month, Day, Year 19	20d. INJURY OCCURRED 20e. While Not while ot work	PLACE OF INJURY (Home, form factory, street, office bldg., etc.	20f. (City or town)	(County) (State)
ched for		21. I certify th	at Lattended the d		19.54, to	1/29 , 19.58	that I last saw the decease
RECTO be detailed to be		ACTUAL SIGNATURE	c Inis	thill, m.	Q_ '	ADDRESS (Street, city or town, Vland AVe.,	
FERAL Dit 3 should gistrar pr			Andrew M	itchell 211 Ne			Maryland
o funer poge 3 s the regis	22	REMOVAL (Specify)	N. 226. DATE THEREOF 1 2/1/58	2c. NAME OF CEMETERY St. John's		22d. LOCATION (City, town, of Fruitlan)	
L15 (4) 9/55	23.	FUNERAL DIRECTOR:	signature o.	Salisbury, M		BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
		non	non D. Be	alson			



death certif certificate

# MARYLAND STATE DEPARTMENTS OF HEALTH-BALTIMORE, 18

01271

#### CERTIFICATE OF DEATH 1278

Reg. Dist. No...... .. .......

1. PLACE OF DEATH				2. USUAL RESIDE	NCE (HOME) OF D	ECEASED
county Wicomi	co	MARYL	AND	STATE Mary		Wicomico
CITY (If oulside corporale lin OR and give nearest town) TOWN Salisbur		LENGTH OF (in this p	leçe)	OR TOWN Sa	porate limits, write RURAL a alisbury	
HOSPITAL OR Pine	Bluff State	e Hospital		STREET ADDRESS	(If rural gi	va location)
	bury, Md.	*		409	Mount Stree	t
	First)	(Middle)		(Last)	4. DATE (Mo	nth) (Day) {Year}
	ertha	Elizabe	th	Disharoon	DEATH J	an. 31 1958
5. SEX 6. COLOR O		MARRIED, D, DIVORCED,	8. DATE O	F BIRTH	9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HR
Female White		Widowed	March	18, 1878	79 ym.	Months Days Hours Min.
10a. USUAL OCCUPATION (Giva- dona during most of working	kind of work 10	b. KIND OF BUSINES	5	11. BIRTHPLACE (Stale or for	aign Country)	12. CITIZEN OF WHAT
ratifed) Housewo	rk	OK INDUSIKE		Powellville,	Md.	COUNTRY? USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN	I NAME	
Joshua Rich	ardson			Esther	Crowley	
IS. WAS DECEASED EVER IN U. (Yas, no, or unk.) (If Yes, give v		16. SOCIAL SEC		Records of	MarssMorris	(Sister) Sal. Md. State Hospital
I DISEASES OR CONDITIONS DI	ECTLY LEADING TO D	18. MEI	DICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ß		otic c	ardiovascular	dicesce	3 yrs.
422. / IMMEDIATE CAUSE	(A)	461 10 20 101	. 0 0 1 0 0	24 420 7 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	42300.50	7 3 2 5 7
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF						
GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE	AUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS	NS CONTRIBUTING	ulmonary t	ubercu	losis		2 yrs.
19a. DATE OF OPERATION	196. MAJOR FIND	INGS OF OPERATION	1			20. AUTOPSY? YES ☐ NO 🔀
218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D UF EITHER, NOTIFY MEDICAL EXAM	EATH OF INJURY #	(Homa, farm, factor) trael, offica bldg., alc		Ic. WHERE DID INJURY OCC	UR? (City or town)	(County) (State)
21d, TIME OF INJURY (Month)	(Day) (Yaar) (Hour) M.		RRED :	ZII. HOW DID INJURY OCC	UR?	
22. I hereby certify the	at 1 attended the	deceased fromI	ulw.l	19.57 to	n37195	8., that I last saw the decease
alive on.Jan3]				Oct 5p.M, from the		date stated above.
23. BURIAL CREMATION.	P- Kitch	SURAL DE	M.D.	Sali	Shirry Md.	2-4-58
REMOVAL (SPECIFY)	4			an Cemetery		
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNA	ATURE		25. FUNERAL DIRECTOR		ADDRESS
DATE DE '58	: 1		HOL	OWAY & COM	PANY - SAI	ISBURY MARYLAN
The second second	THE LEALER				***	



			12	79	CER'	rific.	ATE OF D	EATH		Reg. Dist	1.272	,
1.		LACE OF DEATH  COUNTY  Wicomi	00		MA	RYLAND	o. STATE	ENCE (Where deceo	b. COUNT			tion)
,		CITY OR TOWN (II	outside corporate lin	nits, write	c. LENGTH OF ST	AY IN 1b		OWN (If outside cor				n) ,
		RURAL and give no			2108 4	175	Ball t	imore Cit	37	27	131 +	V
70		OR INSTITUTION	AL (If not in hospital,		oddress)		d. STREET AT	DDRE\$S			ONA	SIDENCE A FARM?
£		NAME OF	lood State	<u>Hospi</u> in		41 .		3 Smallwo				
1		DECEASED Type or print)		Elizak				tell DEAY	H Jani	uary	9	Year 1958
	5. 9	Fenale	6. COLOR OR RACE	7. MARR		CED 🗀	B. DATE OF BIRTH	12, 1374	9 AGE (In year lost birthdoy)	Months D	YEAR IF UND	ER 24 HRS, Min.
	100	USUAL OCCUPATIO	N (Give kind of wark	done 10b.		OR INDU					EN OF WHAT	COUNTRY
		during most of work	ing life, even if retire	d)			Mar	vland			U.S.A.	
	13.	FATHER'S NAME					14 MOTHER'S	MAIDEN NAME				
		Ferdinand	Dittell				Marga	ret Walte	rs			
	15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY	NO. 17. I	NFORMANT		Ac	Idress		
	110	Unk	is yes, give war or dates of	services	Unk		Hospital	Records,	Sali	sbury,	Marylar	nd
			TH [Enter only one of the TH WAS CAUSED BY:		e for (o), (b), and Cerebral		bosis				INTERVAL BE	DEATH
		× * * * *	IMMEDIATE CAUSE	(0)	oerebrar	CILL OIL	TOOSTS				2 da	ys
		Conditions, if or		_	arteriosc	loros	is conc	bonifon			Year	
		gove rise to in	mmediate (		ai ceriose	TCIOS	Es, gene.	411260			rear	5
		catse (a), stating to lying couse lost.	the under-	(c)								
7	CERTIFICATION		ER SIGNIFICANT CO	NOITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION G	IVEN IN PART	PERFC	AUTOPSY NO 📆
		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER	206. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in Port I or P	ort II of item IB.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Y 19	While	NJURY OCCURRED  Not while  of work		ACE OF INJURY If ctory, street, office		ity or town)	(Co	unty]	(Stote)
		21. I certify th	at lattended th	e deceas	ed from Apr	11.1,	. 19.52	, to Januar	y 9 , 19	58,that Fla	st saw the	decease
		alive on <u>Jar</u>	mary 9	, 19	58, and th	at death	occurred at.	3:55A M, fr				
		ACTUAL SIGNATURE	1/1.1	Wel	1.		Doo	r's Head	(Street, city or tow			ATE SIGNE
1		SIGNATURE	- 1	10- 00	1		M.D. Dee	T D C & C	obdoc mor	DT OOT		1,70
,		PHYSICIAN'S NAME (Type)	L. V. Mal	dve.	M. D.		Sal	isbury, M	aryland			
	220	BURIAL, CREMAT O REMOVAL (Specify) Burial	Jan. 13		22c. NAME OF C				ATION (City, lown		(Stol	le)
		TO MAY TOTAL	A CHARGE NO.									
7	23	FUNERAL DIRECTOR			ADDRESS			24a. REC'D BY REG DATE JAN 1		SISTRAR'S SIGN	-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# BUREAU V. T.

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SIRECTOR: The law requires that the death certificate be filed with been executed by the attending physician and completely filled cate assembly should be detached for use as a burial transit permit.

TO FUNERAL Certificate

death certif

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01273

## CERTIFICATE OF DEATH 1335

Reg. Dist. No.....

	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED						
	COUNTY Wicomico M.	ARYLAND	STATE Maryl	and county Wie	comico						
		GTH OF STAY n this place)	CITY (It outside corp	CITY (It outside corporate limits, write RURAL and give neerest town)							
	TOWN Mardela Springs 2	weeks		ptown							
	HOSPITAL OR INSTITUTION OR		STREET	(If rurel give loce)	ion)						
	STREET ADDRESS Maple Shade Nursing	Home	1 /	ain							
	3. NAME OF (First) (Middle) DECEASED		(Lest)	4. DATE (Month)	(Dey)	(Year)					
_	(Type or Print) Stephen Cadmus	E1	lis	DEATH JEN	28	1958					
1	S. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE C	OF BIRTH	9. AGE last birthday   IF U		NDER 24 HRS.					
1	Male White SpecifyMarrie	d  9-2-1		90 yrs. Mont		ours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUST		1). BIRTHPLACE (State or for	eign Country)	12. CITIZEN OF	WHAT					
	retired) Carpenter Ship		Delaware		USA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME							
	Mathias Ellis		Mary E	llis							
		AL SECURITY NO.	17. INFORMANT &	ADDRESS							
	(Yes, no, or unk.) (If Yas, give war or dates of service) 216-1	4-2530	Emma R.	Ellis, Sharp	town, Md						
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. MEDICAL CER	TIFICATION		INTERVAL ONSET AN						
	· As I	Cenorn	DR1	deler		up					
	, Introductive service (A)	Now on	2 1011c	race							
	ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)				1 '						
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		U	· -							
	(C)										
н	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				1						
i	DISEASE OR CONDITION CAUSING DEATH.										
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPE				20. AUI	NO L					
	21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE [Home, ferm,	fectory,	Ic. WHERE DID INJURY OCC	UR? (City or town)	(County) (	(Stele)					
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bk	ig., etc.)									
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY While	OCCURRED	2H, HOW DID INJURY OCC	UR?							
	M. el work	at work									
	22. I hereby certify that I attended the deceased fr	om Ada	1964 to 1	UU 28., 195 X., th	at I last saw the	deceased					
,		death occurred al		causes and on the date s							
10M	SIGNATURE		A P ADI	ORESS (Street, city, town, state	) PATE	SIGNED					
55	It is I Who for all	M, D.	b) karp	loon nur	1/3/	138					
A15C 1-55 10M	23. SURIAL, CREMATION, DATE THEREOF NAM	AE OF CEMETERY OR	CKEMATORY	LOCATION (City, town, or co	ounty) /	(State)					
¥ .		aylor	/	Sharptown.	Md.						
V.S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'	SEGNATURE	ADDRESS	m					
	FEB 3 158 ( a) a		( Atalia	VII XII V	1 1 - 1	, year /					

2 .V UATTUE LACEDY.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S.V. UALL.

111275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. ALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY b COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, we to RURAL C. LENGTH OF STAY IN 16 CITYOR TOWN (If wis de corporate lim is, write RURAL and a ve nearest lown) and a ve negres! town? d NAME OF HOSPITAL OR INSTITUTION (If that in hospital, give street address) IS RESIDENCE ON A FARM? YES NO NAME OF Yepr 1058 (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 1 B DATE OF BIRTH 9. AGE Hin years IF INDER TYEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED T SUAL ECCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page g most of work no life, even if retired) ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-tronsit DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part ) or Part 11 of Item 18 ) PRIMARY D or CONTRIBUTING D 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or fown) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. of work of wark 21 1 certify that I took charge of the remains described above, held on Autopsy Y. Inspection Y. Inquiry . [4] ond in my PIRECTOR: opinion death resulted from: Notural causes 4. Accident 1. Suicide . Homicide . Undetermined mahner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [7] NAME (Type) URIAL CREMATION, 226 DATE THEREOF 22d LOCATION (City. T246 REGISTRAR'S SIGNATURE 240 REC D BY REG STRAR 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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£			1281	CERT	IFICATE C	OF DEATH	1	Reg. Dis	it. No.	
belt all	1.	PLACE OF DEATH	/icomico	MAR	YLAND 2. USUA	ATE Mary		If institutions Residen COUNTY	viconico	
M		b CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write (n) Salisbury	c. LENGTH OF STAT	r IN 16 c. CIT		utside corporate lin	nits, write RURAL and (	give nearest town)	
,		d. NAME OF HOSPITAL (If no OR INSTITUTION	t in haspital, give stre 20 <b>Hazel</b>		lq 21	REET ADDRESS 220	Hazel Av	·e	IS RESIDER ON A FAI YES  No	RAA?
		NAME OF DECEASED (Type or print)	CARROL	L WOOD		IELDS	4. DATE OF DEATH	Month Jan	Day Year	
	5.	Male Wi	nite wipo	ARRIED NEVER MARR	ED 🗌 NOV.	. 18,1878	9 7	E (In years birthday)  Syrs.  IF UNDER  Manths  Yrs.	Days Hours	4 HRS. Min
	Ł	. USUAL OCCUPATION (Give during most of working life, Carpenter—Cons	even if retired)		dows-Etc)	Shad Po:	int, Maryl	1	USA	UNTRY?
	13.	James B/ Fiel	ds			ther's maiden n				
	15. (Ye	WAS DECEASED EVER IN U. S	war or dates of service)	6. SOCIAL SECURITY NO	Mr. James	C. Fiel	lds (Son)	730 Smith	St.	
		18 CAUSE OF DEATH [Ent- PART I. DEATH WAS IMMEDI	er only one cause per CAUSED BY. ATE CAUSE (a)	- /	Lyon	7			ONSET AND DE	ATH
		400.0 Conditions, if any, which	DUE TO						Jan	
	-	gave rise to immediat cause (a), stating the <u>unde</u> lying couse last								
0	CERTIFICATION			S CONTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART	1 (o) 19. WAS AUTO PERFORME YES NO	ED?
		20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	ELYING (1) 20b. D SE OF DEATH EXAMINER)	ESCRIBE HOW INJURY	OCCURRED. (Enter no	ature of injury in f	art Lar Port II of i	lem 19.)		
	MEDICAL	20c TIME OF INJURY Montl Hour a.m. p.m.	Whi	INJURY OCCURRED  Ile Not while or work	20e. PLACE OF IN factory, street	JURY /Hame, form, l, affice bldg., etc.	20f. (City or low	(C	county) (	(State)
		21. I certify that I at	tended the dece	, ~ a	, ··	51, 10 ed at 70		, 1925 That I I causes and an th		
		ACTUAL FULL SIGNATURE	d A.G	Munacl			ADDRESS (Street, ci	ty or town, stote)		SIGNED
7		PHYSICIAN'S Dr. FT	ed Gramse		S. Div	vision St	. Salisb	ury, Marylan	nd Jan. 4	_ /5
	L	Burial Ja	DATE THEREOF	Shad Po	int Cemet	ery - R.	D. # Salis	bury Maryl		
		FUNERAL DIRECTOR'S SIGNAT OLLOWAY & COMT	_	ADDRESS ATI HOME S	AT.T QDITDY		BY REGISTRAR	246 REGISTRARS SIG	HATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL certificate death certin

**INSTRUCTIONS** 

CERTIFICATE OF DEATH 1282 Ttem 9 Film3225 1-31-58 et

Reg. Dist. No. .

	7 7
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY / i service MARYLAND	STATE med COUNTY Welmice
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
OR and give haarest town) TOWN (in this place)	TOWN Jakoleury mid
HOSPITAL OR	STREET (If cylinal give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 508 Brefle St
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Carall - fr	lorden DEATH / 22 10 5%
5. SIM 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED; 8. DATE	
(Specify) Jenused Inc	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Ob. USUAL OCCUPATION (Give kind of work done during most of working fire even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTAY?
ratirad) Domestee none	Kielmond Va U. B. H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Heyd Jackson	Erme & Rus
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, orbunt.) (Il Yes, a ve) wer or detes of service)	Erma florfell
I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
West Transition (b)	dissignable Danel Augens I max
14 X X IMMEDIATE CAUSE (A) 179 FOTO 1640 CA	activational reside Nuseaux & major
DISEASES OR CONDITIONS, IF ANY, (B)	Santo
GIVING RISE TO THE ABOVE CAUSE	The state of the s
STATING UNDERLYING CAUSE LAST. DOE TO	Crasis Side ling
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
A CORPUS MAC AN INCOME.	YES NO
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) [Hour] 21e. INJURY OCCURRED While Not while	21. HOW DID INJURY OCCUR?
M. et work at work	Λ,
22. I hereby certify that I attended the deceased from.	9, 19. J.K., to 22. J.M., 19. J.R., that I last saw the decease
alive on 19, and that death occurred	at
SIGNATURE (1)	ADDRESS (Straet, city, town, stata) / DATE SIGNE
E ( Trume ) M.D.	) all Ma Salistaly my is Just
23. BURIAL, CREMADON, DATE THEREOF NAME OF CEMETERY O	R CREMATORY LOCATION (City, toyh, or county) (Stole)
Burent. 1-2658 Cost 8	no com Richmond To
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JAM 2 / '58 Cill Carrel	Looker Mued,
37.44.47.46.	

S. V. U.

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1 1			MARYLAND	STATE DEPAR	TMENT	OF HEALT	H-BALTI	MORE, 18	#1	279
FOR STATE			100 MEDIC	AL EXAMIN	ER'S C	ERTIFICA"	TE OF D	EATH	m:	
HEALTH DEPT			1403						Dist. No.	-
NO.	7 1	LACE OF DEATH . COUNTY			- (	FTATE		ived If institution Res b. COUNTY 1942		m \$1:0n)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Wicomice	MARY	AND	Mary Mary	land	s. costaii Wi	comico	
E E	b	CITY OR TOWN (it outs and give nearest town)	ide corporate infils write RURAL	c. LENGTH OF STAY	N 15 c.	CITY OR TOWN (H	f autside corpora	te limits, write RURAL o	and give nearest	lown)
So So			Salisbury		/	Sali	sbury			
d're or d're	d	NAME OF HOSPITAL	OR NSTITUTION (If not r	hospitot, give street address	) d	STREET ADDRESS				RESIDENCE NIA FARMS
E do de		D. C. A.	at Pen. Gen	. Hospital	4	116	E. Lond	on Ave.	YES	
llay nune fatter	3	IAME OF	First	Middle		Lost	4 DATE OF	Month	Day	Yeor
or o	ì	Type or print)	WILLIAM	DALE	G	ORDY	DEATH	January	12th	19 58
any better after a	5. S	EX 6.	COLOR OR RACE 7. MA	ARRIED 🔝 NEVER MARRIED	8. DATE	OF BIRTH	9	- 4 - 10   - 40 - 40 - 40 - 40 - 40 - 40 - 40 -	ER TYEAR IF UN	
# ST		Male	White wind	WED DIVORCED	Feb	. 28, 190		18 yrs Months	Doys Hour	s Min
d 2 S	10o	USUAL OCCUPATION	Give kind of work done 1	6 KIND OF BUSINESS OR	NDUSTRY 11	. BIRTHPLACE (Stole	or foreign count	(12, C	ITIZEN OF WHA	T COUNTR
4 3 8 2 P	-	uring most of working li		f Fromen Boo	d 00	Salishury	. Marvila	and	USA	
9 2 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	-	FATHER'S NAME	,	- 11099EN 300		NOTHER'S MAIDEN I	Allegan Company		0 ,9 ,5	
Page		Edgar Gor	dγ			Beulah Mi	tchell			
ave ave	15		N U. S ARMED FORCES?	16. SOCIAL SECURITY NO.	17 60000	LAND	W	Address		
2.2 % E	[Yes,	re, er unknown)	yes, give war or dates of service)					(ife)lle E.	London	Ave.
THE STATE OF		Unk	Enter only one cause per	line for (o) (b) and (e) ]	L	Salisbury	Maryle	nd	L NTHEVAL HE	SA FEG.
T de de			WAS CAUSED BY:	ime ior (o), (o), one (e).					ONSET AND	
o de constante de			MEDIATE CAUSE (a)	Coronary o	cclus	ion			Sud	lden
Fice		40.1	DUE TO		* *					
a digital		Conditions, if any, gave rise to immediat			*					
1 d a a a a a a a a a a a a a a a a a a		(o), stoting the und								
S S S S S S S S S S S S S S S S S S S		couse last.	(c)			- Andrewson and articles				****
de s de s de s de s	ğ	PART II, OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM	IINALDISEASE CO	ONDITION GIVEN IN P.		S AUTOPSY FORMED?
find the coll the coll	3								YES [	] NO 📝
	CERTIFICATION	20g. EXTERNAL CAUSE PRIMARY ☐ or CONTR	WAS 206 DES	CRIBE HOW INJURY OCCUR	RED (Enter no	oture of injury in Pos	tl for Part II of a	tem 18 ]		
ars control		CAUSE OF DEATH.								
shoet shoet	MEDICAL	20c. TIME OF INJURY	· ·		e PLACE OF	INJURY (Home, farmet, office bldg , etc.	n, 20f. (City or	lowa) (ewal	County)	(State)
7 0 m 2	MED	Hour o, m p m,		White Not while It work O of work	raciory, an	eci, direct broggi, are				
Martin Poge price		21. I certify that	I taok charge of t	ne remains described	abave, h	eld an Autops	y , Insp	ection 🚺, Ingi	piry X, c	and in mi
X X X		opinion death re-	sulted fram: Natur	al causes P. Accid	lent 🗀	Suicide [7]	Homicide [	l. Undetermined	manner	1
OF 99			60.	]	Brand City	راسية مسار		J. C. G. C.	, that the land	•
HE SECOND		ACTUAL	Earl L Ve	0/		CHIEF MEDICAL E	XAMINER [7		DAT	E SIGNED
a do o		SIGNATURE			M.D.	ASSISTANT MEDIC		1		
The sign of the si		EXAMINER'S Dr.	Earl L. Roy	Ar		DEPUTY MEDICAL		Jane	13 1	1958
E ata o	720	BURIAL, CREMATION.		T22c. NAME OF CEMETI	BY OR CREA			N (City, town, or equat)		lote)
# 95 E E	1	REMOVAL (Specify)	Jan. 15, 1958							~ 41
5,5	23	FUNERAL DIRECTOR'S S	<u> </u>	Parsons	Cemer		D BY REGISTRAN	Bury Mary		-
VS A15ME	1		OMPANY FUNER		Yenrest		- #1 K#WIG1K#K#		- 1	
5M 2157			OLT WILL BOLLTIN	TOUR DAI	TODUKA	DATE DATE	N1 4 158	- Lucy-	HA.	

### BUREAU V. R.

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VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1904

#1280

_	140	54	CERTII	FICA	ATE OF DEA	AIH		Reg. Dis	t. No.	
1. PLACE OF DEATH o COUNTY Wi	.comi.co		MARYL	AND	2. USUAL RESIDENCE STATE Mary		ed fived. If instituti b COUNTY		re before admis	
b. CITY OR TOWN RURAL and give i	(If outside corporate limitearest town)	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN	ive nearest tow	m) i			
Salisbu	<i>u</i>		15 days		Berlin		-	. K	v ,* v3	
OR INSTITUTION	ITAL (If not in hospital, g				d STREET ADDRES				# IS RE	SIDENCE A FARM?
	Head State		ltaL		William	Street	,		YES [	NO 🗌
3 NAME OF DECEASED	Fie		Middle	77	Last	4, DATE			Doy	Yeor
(Type or print) 5 SEX		rge	Hen		Griffin	DEAT	1			19 58
Male	Whi te		RIED IN NEVER MARRIE		9/17/1884		9. AGE (In years lost birthday)	Months	Doys Hours	
		WIDOW!			7 7 7	Clair or farman	73 yrs.		ZEN OF WHA	T COLLETTE
during most of wo	ON (Give kind of wark in rking life, even if refired I Farmer	100.	Farmine	i indu.	M 7	1 /Man	cester Co	1		COONIKE
13. FATHER'S NAME	- Lating.		T STRITE		Mary L	CLARKE T	COR COT. CO	** {	USA	
Fdrrand	Coni effic									
15. WAS DECEASED EV	Griffin ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. H	Rosie T	tal Rec	onde Add	iress		
[Yes, na. or unknown)	(It yes, give war or dates of s	BLAICB}		Mr	.Mayme Gri	ffin(Wi	fe)Willia	m St.	Berlin.	Md.
18 CAUSE OF DE	ATH [Enter only one co	use per lu	ne far (o), (b), and (c).]						INTERVAL B	ETWEEN
	ATH WAS CAUSED BY-		Arterioscle	erot	ic heart di	isease v	with		ONSET AND	
420.			lecompensati	ion					7 10	
Candilians, if	any, which }  b	1	General art	teri	osclerosis				Year	rs
	gave rise to immediate out to DUE TO									
lying couse lost.	lying couse lost. (c)									
PART IL OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	ZEN IN PART	1(0) 19 WAS	AUTOPSY ORMED?
3 0	besity								YES [	NO
G (IF EIIMER, NOTIF	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRE	Enter nature of injur	y in Port Lor Po	ort II of item 1B)			
20c. TIME OF INJU	RY Month, Day, Ye			20e PL/	CE OF INJURY (Hame, lary, street, office bldg	form, 20f (Ci	ly or lown}	(C	ounty)	(Stote)
p. m	19	ot war	Not while							
21. I certify t	hat I attended the	deceas	ed from . Jan	. 6	, 19 <u>.58</u> , ta	Jan. 2	0 158	that 1 le	ast sow the	decease
alive on		, 125			occurred at 2:0					
			•				Street, city or lown,			ATE SIGNE
ACTUAL SIGNATURE	a. Kon	coad	-3		Deer's	Head S	tate Hosp	ital	1/20	/58
PHYSICIAN'S NAME (Type)	G. Kosmahl	y, M	.D.		Salisb	ury, Ma	ryl and			
220 BURIAL, CREMATIO	ON, 226 DATE THEREC		22c. NAME OF CEME	TERY O	CREMATORY	22d LOC	ATION (City, town,	or county)	(Sto	ite)
REMOVAL (Specify		958	Bowen	Cem	etery	Newa	rk, Maryl	and		
23 FUNERAL DIRECTO		31137 A 2	ADDRESS			REC'D BY REGI	STRAR 246 REGI	STRAR'S SIG	NATURE	
HOLLOWA! &	COMPANI FU	NERA	L HOME - SA	LIS	BURY MD. DATE	WAN 2 2 'S	58	Leaus	h	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MAN TO

COUNTY

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Male

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TO FUNERAL DIRECT

VS A15 (4) 15M 9/55

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BUREAU V. E.

age: 91 MAI

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

PER 1373

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 111284 CERTIFICATE OF DEATH 1287 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND WICO DICA 1 comica b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) 3 demo ISDUY Da, d NAME OF HOSPITAL (If not in haspital, give street address) AL STREET ADDRESS e, IS RESIDENCE OF INSTITUTION YES NO T NAME OF Middle 4. DATE Day Month Yeor DECEASED (Type or print) DEATH 1950 uary within FUNDER I YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years ? bushdoy) Hours Min. WIDOWED T DIVORCED | paper 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stotepar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17...INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c). UNTERVAL BETWEE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Sun Conditions, if ony, which gned (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO I 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21. I certify that Vattended the deceased from 192 Sthat I last saw the deceased 1410 m.M. from the causes and on the date stated above. alive an and that Æath accurred at ADDRESS (Sweet, city or town, state DATE SIGNED DIRECT ACTUAL pe shauld PHYSICAN'S NAME (Type) FUNERAL the registror n 22b. DATE THEREOF 22a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/SS



o FUNERAL DIRECTORS 3 Should be do O HOSPITAL 0

REMOVAL (Specify)

BUNERAL DIRECTOR'S SIGNATURE

IF UNDER I YEAR IF UNDER 24 HRS. Months Doys 12. CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN hrs. Years Years PERFORMED? YES 🔲 NO 📆 (Slote) (County) ... 1958\_..that I last saw the deceased \_\_\_, and that death occurred a 0:20 P.M. from the causes and on the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED Deer's Head State Hospital 22c NAME OF CEMETERY OR CREMATORY 72% LOCATION (City town, or county) 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 58 4

01285

IS RESIDENCE

YES NO D

1958

BUREAU V. R.

8361 P.I. NAI

BECEIVED

requires that

## BUREAU V. S.

C: : : 834

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1287
	1290 CERTIFICATE OF DEATH Reg. Dist. No.
irector ed will	1. PLACE OF DEATH O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived. If institutioni Residence before admission) O. STATE D. COUNTY D.
ar de fil	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hourd	SALISAURU 2DAYS STOCKTON  d NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  le 15 RESIDENCE
1 de 2 de	TENINGULA GENERAL HOSPITAL YES NO
s 1 or	3. NAME OF DECEASED (Type or print) ADELE V. HUDSON DEATH JANUARY 6 1958
Poge	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS
mplet pers.	TEMALE WHITE WIDOWED DIVORCED DIVORCED WILL 26 8 8 (65) (7)
on po deat	Lawwige own if retired own Home Suddetice, mg
cian c	13. FATHER'S MAIDEN, NAME
physiemove hour	15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address I for survival and the survival address Add
nding ease r hin 72	18 GAUSE OF DEATH (Enter only one couse per line (gs. 15), (b), and (c).)
e offer plant with with	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) ONSET AND DEATH
by the	Conditions, if ony, which) (b) Conditions, if ony, which)
gned in o	gave rise to immediate cosse (a), stating the under lying couse last.    Out to lying couse last.   (c)
been side	PART U. OTHER SIGNIFICANT CONDIDORS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19. WAS AUTOPSY PERFORMED?  CLARENT LONG THE SIGNIFICANT CONDIDORS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19. WAS AUTOPSY PERFORMED?  YES NOTE OF THE PROPERTY OF THE PROPERT
house of the second	20g ACCIDENT WAS UNDERLYING TO 20b DESCRIBE HOW INITIAL OCCURRED (Fater poture of injury in Part Lor Part II of item 18.)
ification the H	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
a cert	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour p. m. 19 Of work of wor
After the for all cre	21. I certify that Lattended the deceased from 1/5 , 1958, to 1/6 , 1958, that I last saw the deceased
stoche burio	alive on
PECTO Or of d	SIGHATURE Land J. D. Churre M.D. Salestury, Hed 1/6/57
A Di hould Irac Par	PHYSICIAN'S NAME (Type)
unes ge 3.	720 PUPIAL, CREMATION, 720. DATE THEREOF TO NAME OF CEMETERY OF CREMATORY 22d OCCATION (Gry Jown, or county) (Stote)
5 84	73. FIGHERS DIRECTOR'S SIGNATURE ADDRESS 1 240. REGISTRAR'S SIGNATURE
A1S (4) A 9/SS	ellago dimino Snowitell, my DATE JAN 8 158 (53, 27

BECEINED

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EVO A T.

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

111000

		13	30	CERTIF	ICA	TE OF I	DEATH	1		Reg. Dist.		112	88
1.	PLACE OF DEATH G. COUNTY				:	D. STATE	DENCE (Wh	ere decease	d lived. If instituti		efare ad	mission)	
								Wicon	nico	)			
Г	b. CITY OR TOWN RURAL and give	(If autside corporate l'im	its, write	c. LENGTH OF STAY IN	зь	c. CITY OR	TOWN (If o	utside carpo	orate limits, write R	URAL and give	nd give nearest town)		
L		Tyaskin		46 Yrs	Tyaskin								
	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, i	give street	oddress)		d STREET A	ADDRESS				0	RESIDEN N A FAR	SW5
3.	NAME OF DECEASED	Fi	rsî	Middle		Los	st .	4. DATE	Mor	nth	Day	Year	
	(Type or print)	JOHN		SAMUEL		HULL		OF DEATH	Jar	1.	16	19	58
5.	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED	□ 8.	DATE OF BIRT	н		9. AGE (In years lost birthday)	IF UNDER 1 Y			
L	Male	Negro	WIDOWI		_   \	3/26/7			86 yrs	Mantha Da	y Ho	urs /	Win,
10	during most of we	ION (Give kind of work arking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPI	LACE (State o	ar fareign c	ountry)	12. CITIZE	N OF WI	HAT CO	UNTRYA
L	Fara			Tennant		M	arule	and		Ame	eric	a	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
L		amuel Hull					Larre	Jor	nes				
15	. WAS DECEASED ET	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		DRMANT			Add				
L	es, no. ecunknown)				Wi	nifre	d Hul	11, 1	yaskin,	Mary.	land		
		EATH [Enter anly one co	ouse per lii	ne for (a), (b), and (c).]	-	1			-A-,		NTERVA	NETWE	EN
ш	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	)(	1 sed	<u>ác</u>	Da	2011	Del	esale es	e I		Xa	<u> </u>
		DUE TO	) (	D +	0	-	11	11.	T			1	
	Candilions, if any, which) (b) Orlewscolumber Alart Disease (Cycur									ww			
	gave rise to immediate cause (a), stating the under												
1_	lying cause las		)									¥ ,,,1	
Įέ	PART II. O	THER GIONIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMII	NAL DISEAS	E CONDITION GIV	EN IN PART 16	19. W	AS AUTO	DPSY D7
13		1-0	7	Walan			ea-				YES	□ No	
L CERTIFICATION		VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	URRED.	Enter noture o	of injury in P	orl i or for	t II of item 18.)				
MEDICAL	20c. TIME OF INJU		ar 20d. It While	Not while	De. PLACI	OF INJURY (	Home, form,	20f. (Cit)	or town)	(Cau	nly}	{	Stole]
1	p, m	10		k at work		,,,							
1	21. I certify,	that (I attended the	deceas	ed from C	MIL	. 19 4	5 to	0	221, 1957	that I las	saw t	he dec	ceased
	alive on	Loll	,12 <u>~</u>	and that d	eath o	ccurred at		~	n the causes o				
	1 1	200	12		1	M		DDRESS (S	neet, city or lawn	state)	1		SIGNED
	SIGNATURE	echacol	14-	MUNICE TO THE STATE OF THE STAT	W. S.	o () }	m	ill	helya		1	11	158
	PHYSICIAN'S	D	,~4										1
	NAME (Type)	Richard H		unders			Nar	itico	ke, Mar	yland	1/1	8/5	8
22	c. BURIAL, CREMATE REMOVAL (Specif	ON, 226. DATE THEREG		22c. NAME OF CEMET		REMATORY		22d. LOCA	TION (City, town,	or county)	(	State)	
	Burial	1/19/5	8	Tyaskin	Cem.			Ty		Maryla	Charles Harrison		
23	ELINERAL DIRECTO	NES SIGNATURE	/-	ADDRESS			240 RECT	ZBY TEGIST		STRAR'S SIGNA	TURE		
Ĺ	- · · · · · · ·	Y Desail	to,	Bivalve, B	Wary	land	DATE			-xoule/h			



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 havrs after death. If any delay is necessary, please execute the certific, withing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director as 4 should be farwarded to the first medical Examiner's Office along mittle form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian, are registral.

VS. A15ME(5)

5M 9/55

		129	EDICA	L EXAMINER	S CERTI	FICA1	TE OF	DEATH	Reg. Dis	it. No.	1289
1,	PLACE OF DEATH					SIDENCE (V	Vhere deceas	ed lived. If institu	tion: Resider	nce before o	idmission)
L	WI	comico		MARYLAND	o. STATE Maryland b. COUNTY Wicomico						
ı	<li>b. CITY OR TOWN (If and give nearge) Jown</li>	outside corporate limits, wr 3	ire RURAL	c. LENGTH OF STAY IN 16	c. CITY OF	R TOWN (IF	outside corp	porote limits, write	RURAL ond	give neares	town)
	S alisbury Few hours					Mard	ela Sr	rings			
				pitol, give street address)	. STREET	ADDRESS					S RESIDENCE
L	Will	ard and La	YES NO								
3.	NAME OF DECEASED	Fi	rat	Middle	Les	ď	4. DATE	Menth	1	Day	Year
L	(Type or print)	Prisc	illa	Corenna	Jacks	on	DEATH	Janua	ry ]	LI.	19 58
5.	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTI	Н		9. AGE (in years lost birthday)	IF UNDER 1		NDER 24 HRS
I	Temale	Negro	WIDOWE	D DIVORCED	March 1	8, 192	29	28 yrs.	Months [	Pays Hou	ırs Min.
10	during most of working	ON (Give kind of working life, even if retired)	done 10b. 1	(IND OF BUSINESS OR INDUS	TRY 11, BIRTHPL	LACE (Slote	or foreign o	ountry)	12. CITIZ	EN OF WH	IAT COUNTRY?
	Day Lab		Pe	ninsula Hospi	tal Ma	rdela	Sprin	gs, Md.	Ţ	J.S.A.	
13	. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME		,		
	Vict	or Brown			Edn	a Byr	d				
15 (Ye	. WAS DECEASED EVE	ER IN U. S. ARMED FO	DRCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT			Address			
ľ	No	fit has first and as proper a		215-26-7454 E	ina Haym	an. M	ardela	Springs	Mary	rland	
	18. CAUSE OF DEAT	FH [Enter only one co	use per line	for (a), (b), and (c).]						INTERVAL IN	TWEEN
	PART I, DEATH WAS CAUSED BY:									dden	
	7	DUE TO								350	4545/41
	Canditions, If ony, which) (6)										
	gove rise to immediate couse (o), stating the underlying DUE TO										
	couse fost. (c)										
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY										
ATE	PERFORMED?  YES   NO										
CERTIFICATION	20g. EXTERNAL CAL	ISE WAS 2	06. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of in	njury in Part	For Port II	of item 18.)			
	CAUSE OF DEATH.	AIKIBUIINO LL	Shot	between the	ATTAC	whill	e e11	ting ir	n anh	one l	nooth
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. I	NJURY OCCURRED 200. PLA	CE OF INJURY (	Home, form	, 20f. (City	or town)	(Cour		(Slote)
WED	5:10 PPh	M. 7-779	White	1401 WILLIA	tory, street, offici EODA	i bldg., etc.,		lighum	TATE O	omica	o Ma.
	5:10 PPo M. 1-112-5 for work I at work Store "Salisbury Wicomico Md. 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and find that										
			-	, Accident , Su		lomicide	T-1	determined c		<u> </u>	o ma ma
		50	1								
	ACTUAL SIGNATURE	Em	- X	4x	M.D. CHIEF A	MEDICAL EX	AMINER [			DAI	TE SIGNED
				0		NT MEDICA	AL EXAMINE	R 🗆			
	EXAMINER'S NAME (Type) Eg	rl L. Ro	ver.	M.D.	DEPUTY	MEDICAL E	XAMINER D	1-3	14-58		
220	BUR AL CREMATIO REMOVAL (Specify)	Jan.14,	Of	26. NAME OF CEMETERY OF Old Church Ce	crematory		22d. LOCAT Near	Mardela	r county)	. (3	d.
23.	FUNERAL DIRECTOR	S SIGNATURE	Fodos	ADDRESS Maggi	lend	24a. REC'E	BY REGIST	RAR 24b REGIS	TRAR'S SIGI	NATURE	
J	.J.Frampto	m and Son,	redei	ralsburg, Mary	Land	DATELUM	ety / m	0 01	1 . "	-/	
-						5(1	1 20		- 27 s s	A-14	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECEIVED

BUNEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU K. R.

· 8361 IE NAL

BECEINED

	1293	CERTIFI	CAI	E OF DEA	AIH		Reg. Dis	t. No.			
PLACE OF DEATH o. COUNTY	Wicomico	MARYLAN	f l	o. STATE		ed lived. If institution b. COUNTY			sion)		
RURAL and give	neorest town)	0 7	-				URAL ond g	ive negrest tow	n) .		
OR INSTITUTION								ON	SIDENCE A FARM? NO [2]		
NAME OF DECEASED (Type or print)	Virgie	Middle L	. J	lohnson	4. DATE OF DEATH	Tarren	th CY	27,	Year 19 58		
SEX Female	White				1893	9. AGE (In years lost berthday) OLL yrs			ER 24 HRS Min		
HOUSE	rking life, even if retired)	7		Virgi	nia	country)	12. CITI	USA.	T COUNTRY		
	es Hearthway		1			l					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes no or unknown)   (If yes, give wor or dotes of service)									i.		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH 3 days								
Conditions, if gove rise to couse (o), stating	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse fost.    Myocardial insufficiency 6 days										
	THER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH						1(a) 19 WAS PERFO	AUTOPSY DRMED?		
20c TIME OF INJU Hour o.m. p. m.	While	Not while	PLACE foctory,	OF INJURY (Home , street, office bldg	, form, 20f (Cit 2., stc )	y or town)	įC	ounty)	(Stote)		
21. I certify that I attended the deceased from June 16, 19 55, to Jan. 27, 19 58, that I last s											
PHYSICIAN'S NAME (Type)	L. V. Malc	lve, M. D.		Sali	sbury, N	ld.					
Deneal Specify	" Jan. 30/58	22c NAME OF CEMETER	Y OR CR	EMATORY	ne loca	TON (City, town, a	or country)	us land	/		
EUNERAY DIRECTO	r's signature Thames C	Low Hell	111	1/			STRAR'S SIG				
	b. CITY OR TOWN RURAL OND GIVE SALISD d NAME OF HOSP OR INSTITUTION DEET  NAME OF DECEASED [Type or print]  SEX Female  00 USUAL OCCUPAT during most of wo 3. FATHER'S NAME Charl S. WAS DECEASED EVEN PART I. DE PART I. DE  1B. CAUSE OF DE PART I. DE  1B. CAUSE OF DE PART II. O' PART II. O' TO CONTRIBUTING UP CONTRIBUT	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neotest fown) Salisbury  d NAME OF HOSPITAL (If not in hospital, give street or Name of the Institution or Institution	PLACE OF DEATH  c. COUNTY  VICOMICO  MARYLAN  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury  d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Deet's Head State Hospital  NAME OF DECEASED (Type or print)  SEX  Female  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   Widoward done   10b. KIND OF BUSINESS OR IN during most of working life, even if relired)  OU USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR IN during most of working life, even if relired)  3. FATHER'S NAME  Charles Hearthway  S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   10 per per per line for (p), (b), and (c).   10 per per per per line for (p), (b), and (c).   10 per	PLACE OF DEATH  o. COUNTY  wicomico  MARYLAND  b. CITY OR TOWN (if outside corporate limits, write  RURAL and give necrest town)  Salisbury  d NAME OF HOSPITAL (if not in hospitol, give street oddress)  OR INSTITUTION  There's Head State Hospital  NAME OF DECEASED  White  Widowed Sk Divorced  OR USUAL OCCUPATION (Give kind of work done)  during most of working life, even if retired)  The Charles Hearthway  S WAS DECEASED EVER IN U. S. ARMED FORCES?  The mo or withnerm)  If ye, give were of data of services)  The monor of working life, even of data of services  The monor of whorking life, even of data of services  The monor of working life, even of data of services  The monor of the monor of the monor of life life life life life life life lif	PLACE OF DEATH 6. COUNTY WICOMICO MARYLAND  D. CITY OR TOWN [If outside corporate limits, write RUAL ond give necrest form) Salisbury  d NAME OF HOSPITAL [If not in hospitol, give street oddress) OR INSTITUTION DEET'S Head State Hospital  NAME OF HOSPITAL [If not in hospitol, give street oddress) OR INSTITUTION DEET'S Head State Hospital  NAME OF DIVORCED  NAME OF HOSPITAL [If not in hospitol, give street oddress) OR INSTITUTION DEET'S Head State Hospital  NAME OF DIVORCED  NAME OF HOSPITAL [If not in hospitol, give street oddress) OR INSTITUTION DEET'S Head State Hospital  NAME OF DIVORCED  OUT OF COLOR OF RACE  Female  OU SUAL OCCUPATION (Give kind of work done libb. RIND OF BUSINESS OR INDUSTRY II BIRTHPLACE OUT OF COLOR OF RACE  OUT OF COLOR OF RACE  NAME OF HOSPITAL (If not in hospitol, give street) OU SUAL OCCUPATION (Give kind of work done libb. RIND OF BUSINESS OR INDUSTRY II BIRTHPLACE OUT OF COLOR OF RACE  OUT OF COLOR OF	PLACE OF DEATH  COUNTY  WICOMICO  B. CHY OR TOWN If outside corporate limits, write guest of give necrosts long in encorest l	PLACE OF DEATH O. COUNTY WICOMICO MARYLAND D. CITY OR TOWN! (If outside corporate limits, write RUPAL and of pive necessar town) Salisbury Salisbu	PLACE OF DEATH  O. COUNTY  WICOMICO  MARYLAND  C. CITY OF TOWN II Counide corporate limits, write  BURL on give movest form,  BUR	PLACE OF DEATH  C. COUNTY  WICOMICO  MARYLAND  L. USUAL RESIDENCE (Where deceased lived. If institutions Residence before odmin to STATE  Maryland  C. CITY OF TOWN IT suited expected limits, write RURAL and give necessary with the L. CLENGTH OF STAY IN B.  L. CITY OF TOWN IT suited expected limits, write RURAL and give necessary work of the STATE		

may be retained by After this certificate has been signed by the attending physician and campletely filled in by the ral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached far use as the burial-transit any event within 72 hours after death. may be retained by VS A15 (4) 15M 9/55

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

BUREAU V. S.

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ctor, the third copy

registrar within 7

the .

SIRECTOR: The law requires that the death certificate be filled with a been executed by the attending physician and completely filled cate assembly should be detached for use as a burial transit permit.

death certif certificate TO YUN

# RSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1294

01293 Reg. Dist. No.

	Ą	,	
1. PLACE OF DEATH	mil	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Chi Cerruce	MARYLAND	STATE MIL COUNTY LUGA	meco
CITY (Il outside aproprate limits, write RURAL	LENGTH OF STAY	CITY (if outside)corporate limits, write RURAL and give naerast tow	* A
OR and give nebrest town)	(in this place)	TOWN No Vistauri Mid	7.
HOSPITAL OR	100pc	STREET ((II rural bive location)	
INSTITUTION OR		ADDRESS 3	Cl-
STREET ADDRESS		200 Mayarias	170
DECEASED (First)	(Middle)	(Lest) 4. DATE / (Month) (Dey)	(Year)
(Type or Print)	C	MES DEATH 20	1 1968
5. SEX   6. COLOR OR / 7. SINGLE,		OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR	IF UNDER 24 HRS.
Midow (Specify)	ED, DIVORCED,	79 G Wonths Deys	Hours Min.
3/	b. KIND OF BUSINESS	( ) ( )	ZEN OF WHAT
done wifing mgst of working life, even if	OR INDUSTRY		UNTRY?
retirence	none	U	7-17-
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
-		1	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) - (If Yes, give wer or dates of service)	220-10-96	141 / a die ATPles	
1/1/4	18. MEDICAL CE	ERTIFICATION	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	EATH (		NSET AND DEATH
IMMEDIATE CAUSE (A)	10110,020	Whole Leave I wase	6.71001
ANTECEDENT CAUSE(S) DUE TO	1-17		0 //
DISEASES OR CONDITIONS, IF ANY, (B)	1831/2010.	SCE ozos	71021
GIVING RISE TO THE ABOVE CAUSE DUE TO	prof to the	02 11	6 1
(C)	Arake te	3 Metulus 10	SMEC!
TO THE DEATH BUT NOT RELATED TO THE	7 - 20		7
DISEASE OR CONDITION CAUSING DEATH.			- 6
190. DATE OF OPERATION 196. MAJOR FINE	DINGS OF OPERATION		20. AUTOPSY?
A COURT IVA C IN INTERIOR IN I AND IN I AND IN INC.			ES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY	(Home, ferm, fectory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stete)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21. HOW DID INJURY OCCUR?	
	While Not while	ZII. NOW DID INJUKT OCCUR?	
M.	at work Li at work Li		
22. I hereby certify that I attended the	deceased from filling.	, 1957., to 26	aw the deceased
		at	
alive on 194	,	ADDRESS (Street, city, fown, stata)	DATE SIGNED
SHEW noll.	M.D. 6	(20 Man Salistury, Mrs.	22, an
23 BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY LOGATION (City, lown) or county)	State
Durie 1-22-	58 Huston	Ceny. Gullstein	Mul
24. REC'D BY REGISTRAR CAL REGISTRAR'S SIGN	TURE	25. FUNERAL DIRECTOR'S SIGNATURE. / ADDRE	55
MM 2 7 '58   0 22 Co March		12 roles Million	
DATE		10000110000	

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. [	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Whe		. If institution: Residence	e before admission)			
	l.	DICONICA  D. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN IN OU	ANC.	mils, write RURAL and g	ive nearest town)			
		RURAL and give nearest town)		Dent Island : 7x						
		d. NAME OF HOSPITAL (IF for in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
*	-	YENINSWIR BLINGER I	05/11/91				YES NO P			
		NAME OF FIRST PROPERTY HOLERT	Middle	Loves SI	4. DATE OF DEATH	TANUARY	20 1957			
,	5 5	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED DIVORCED	mark 231	879 9 AG		YEAR IF UNDER 24 HRS Days Hours Min			
7	100	USUAL OCCUPATION (Give kind of work done 10b, during most or working life, even if retired)		STRY 11 BIRTHPLACE (Sidie o	or foreign country)		ZEN OF WHAT COUNTRY?			
-gf	13.	FATHER'S NAME	rgines	14. MOTHER'S MAIDEN NA	LUNG	n.	31			
	10.	E Frank Jone	2	man, E	Dr	eden	,			
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  no. at withnown) [If yes, gigar wor or dates of service]	SOCIAL SECURITY NO. 17. 1	blist Come	+115 Ca	tersul	le ma			
		18 CAUSE OF DEATH [Enter only one couse per lim PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	yr for (a), (b), and (c).]	Edem			INTERVAL BETWEEN			
		DUE TO	201		u D					
		Conditions, if any, which gove rise to immediate	TRTERIOSCLE	KOTIC C	- U-D.					
	_	Lying couse last.  DUE TO  (c)	intari	3 Fire	•		years.			
7	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN PART	PERFORMED?			
	CERTIFI	20g. ACCIDENT WAS UNDERLYING (CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Part II of	item 18.]				
	MEDICAL	Hour o.m. While	NJURY OCCURRED 20e. PL Not white fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tov	vn) (C	ounty) (State)			
		21. I certify that I attended the decease	ed from	, 19, to		., 19,that I le	ast saw the deceased			
		alive on, 12	and that death	accurred at 6:53 P			e date stated above.			
		ACTUAL William B.	Form	M.D. Mud Cente	DDRESS (Street, c	relian, total	DATE SIGNED			
		PHYSICIAN'S NAME (Type)		1 <b>20 4 20 5 5 5 5 5 5 5</b> 5 5 5 5 5 5 5 5 5 5 5 5	- 17-18-18					
	220	BURIAL CREMATION, 226. DATE THEREOF 1-23-58	Manufin	Cemeter,	22d LOCATION (	City, town, or county)	(Stote)			
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Durce-Cly	no Mare JAN	N 2 7 '58	245 REGISTRAR'S SIG	NATURE			

al director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by respital or attending physician.

• FUNERAL DIRECTOR After this certificate has been signed by the attending physician and commeterly filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTO





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OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 1297 01295 Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH, OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Salisbury Salisburv d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION in by t ON A FARM? 914 Riverside Dr., Riverside YES NO-NAME OF First 4. DATE OF DEATH Middle Month Day Year completely filled DECEASED (Type or print) Pages Joseph Ralph Mace. Jr. 58 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE, (In years IF UNDER 1 YEAR IF UNDER 24 HRS last/big/hday) Hours Male DIVORCED T popers. White WIDOWED [ executed yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY? death. U.S.A. and Marvland corbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion J. Ralph Mace, Sr. Anna Spence 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INSORMANT Address ending .Ralph Mace Jr. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c); INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO Canditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PEPFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f (City or town) (County) (Stole) Hour o. ft. factory, street, affice bldg., etc.) While Not while 19 of work at work 21. I certify that I attended the deceased from... 18.58 that I last saw the deceased and that death accurred at 11 in AM, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE 9 sbury PHYSICIAN'S TO FUNERAL NAME (Type) Inslev C) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) Buria 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Johnson Co. Salisbury. Maryland DATES 1 6 Toman & Osalan

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Page of (Health,

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	*	TYSIMED	ICAL EX	AMINEK	2 CEKIIFI	CAIL	OF DE	AIH	, Dist. No.	
	PLACE OF DEATH	Wicomico		MARYLAND	2 USUAL RESID	Mar y		b. COUNTY	Wicom	
k	ond give negrest lown)	Salisbury	RAL C. LENG	OTH OF STAY IN 16	c CITY OR TO		iside corporete B <b>DUL</b> Y	I mits, write RURAL	and give ne	orest lown)
C	I. NAME OF HOSPITAL	Pen. Gen.			d STREET AD	DRESS 705	Beauch	amp St		ON A FARMS
	NAME OF DECEASED (Type or print)	First	The second secon	Middle RAYMOND	McINTY B	1	DATE OF DEATH	Month Jan.	Doy 14th	Year 19 <b>58</b>
5. 5	Male	6. COLOR OR RACE 7.	MARRIED M	EVER MARRIED [	B DATE OF BIRTH	1924		brilday)  Manth		Hours Min
	USUAL OCCUPATION	(Give kind of work don	1		STRY 11. BIRTHPLAC				CITIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME				14 MOTHER'S M					••
	Ray McInt	A CA SHEET OF CONTROLS.			Nora El	izabe	th Twil	ley		
15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FORCE I yes, give war or dates of servi	57 16. SOCIAL S	ECURITY NO. 177.	s. Martha	L. Mo	cIntyre Marylan	(wife)705	Beauc	hamp St.
		WAS CAUSED BY:	per line for (a), (b	), ond (c).]					INTERV ONSET	AL BETWEEN AND DEATH
	IA	AMEDIATE CAUSE (a)	Fract	ured ski	111					hours
	8/6×	DUE TO								
	Canditions, if any gove rise to immedia (a), stating the un	te couse	<del></del> -			~			-	
	couse lost.	(c)	A	ge as a sequence a						
CATION	PART II, OTHE	R SIGNIFICANT CONDIT	ONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO TO	HE TERMINA	LDISEASE CON	IDITION GIVEN IN	117	PERFORMED?
CERTIFI	20g. EXTERNAL CAUS PRIMARY) or CONT CAUSE OF DEATH.	E WAS TRIBUTING [] 206	DESCRIBE HOW IT	NJURY OCCUPRED	(Enter noture of inju-	ry in Part Lo	or Fart It at ite	m 183		
3	20c. TIME OF INJURY		20d. INJURY C	CCURRED 20e. PL	at skide ACE OF INJURY (Ho Hory, street, office b	ms, farm, i	n ice 20f. (City or to	and hit	anot	her car
MEDI	3:15 p.p. 1	1-1/4-5	Rat work a	work X De	lmar Rd				Wicom	ico Md
		esulted from: No		_			micide $\square$ ,	لبد التهاجيد		
	ACTUAL SIGNATURE	Earl L	Rom			DICAL EXAM	-			DATE SIGNED
	EXAMINER'S		- /		ASSISTAN	MEDICAL I	EXAMINER 🔲			
	NAME (Type) Da	. Earl L. F	loyer		DEPUTY M	EDICAL EXA	MINER (7	Janua	ry 1	6 1958
220	BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREOF	22c NAI	ME OF CEMETERY O	R CREMATORY	22	d LOCATION	(City, town, or count	(אי	(Slate)
23.	Burial FUNERAL DIRECTOR'S	Jan. 18, 195		Allen Co		40 REC'D B	All	en. Mary		

COMPANY FUNERAL HOME - SALISBURY, MD. DATE JAN 2 0

158

to DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessar execute the certificate writing like ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be farward. To the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of or its detailed agont, prior to burial, cremation, or removal, and in any event withing 72 haurs after death. VS. A15ME 5M 2 57

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		12	98	CERTIF	CA	TE OF D	EATH	l		Reg. Di		112	196
1	PLACE OF DEATH	comico		MARYLA	NO	o STATE	Maryla		lived If institu b. COUNT	v	imor		. "
	b CITY OR TOWN (IF RURAL ond give ne	outside carporate limi	ts, write	c. LENGTH OF STAY IN	Ъ				ote limits, write	RURAL and	give near	est town	a)
	Salisbur			46 days	- !!		timore	3		- 1	4		1
	d. NAME OF HOSPITA	_				d STREET ADDRESS 2622 Evergreen Avenue							FARM?
=	NAME OF	lead State		T Oct.T. Middle				4. DATE					) NO []
ľ	DECEASED (Type or print)	Henry		Bond		Mann		OF DEATH	Janu	onth arv	Day 17		Yeor 19 58
5.	SEX	V		RIED THE NEVER MARRIED		. DATE OF BIRTH	<del></del>	1	2. AGE (In years	IF UNDER	1 YEAR		
	Male	White	WIDOWE		_	June 1,	1889		lost birthdoy) OO yrs	Months	Doys	Hours	Min
10	during most of works	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUS	RY 11, BIRTHPL	ACE (State o	or foreign coi	intry)	12. CIT	IZEN OF	WHAT	COUNTRY?
L	Banyar			?			ryland			U	JSA		
13.	FATHER'S NAME	36				14 MOTHER'S	-						
L	Henry P.						len Ch						
	WAS DECEASED EVER	f yes, give war er dates of s		SOCIAL SECURITY NO.	iz. in	• Amelia	ospita R. M	al Rec ann 26	ords Ad 22 Ever	.gr.een	Ave	• Ba	lto.M
1			use per lir	ne for (o), (b), and (c) ]							INTER	ET AND	TWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	) A:	nterior Sept	al	infarct	ion				1	70 1	ays
	420.1	DUE TO											
	Conditions, if ony, which gove rise to immediate (b) General arteriosclerosis								Years				
	couse (a), stating the under-												
z	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY												
CERTIFICATION	Left hemiplegia after old CVA; emphysema.									RMED?			
IE N	20a ACCIDENT WAS	UNDERLYING []		CRIBE HOW INJURY OCC				ort I or Port	II of item 18 )			بــا د٠٠	110 [2]
MEDICAL	20c TIME OF INJURY Hour o.m.	Month, Day, Yes	While	NJURY OCCURRED 20 Not while t of work	e PLA foct	CE OF INJURY (I ory, street, office	Home, form, bldg , etc.)	20f. (City	or town)	(	County)		(State)
	21. I certify the	at 1 attended the	decease	ed framDec.	2	. 1957	ta .	Ian. 1	7, 19.5	8 that I	last sa	w the	deceased
	alive an Ja		. 195										
		0 -		,					eet, city or town				ATE SIGNED
	ACTUAL SIGNATURE	9. 1500	agueler ag		N	Dee	r's He	ead St	ate Hos	pi tal		1/	17/58
	PHYSICIAN'S NAME (Type)	G. Kosmahl	Ly, M	. D.		Sal	isbury	, Mar	yland				
22	BURIAL, CREMATION	1, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d LOCATI	ON (City, town,	or county)	or the field office of the	(Stoti	P)
B	REMOVAL (Specify)	Jan. 20,	1958	Parkwood			1	Baltim	ore.			Md.	
23.	FUNERAL DIRECTOR'S			ADDRESS			240. REC'D	BY REGISTR	AR 24b REG	ISTRAR'S SK	GNATURE		
0	nn U. Mitcl	nell & Son	s Inc	. 1900 Eutav	v P	Lace	DATE	<u> </u>	0 000	1	-1		
							ध्या	IN T O -O	- 000	11-2000	DOM.		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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filled TO FUNERAL DIRECT
page 3 should be d

& COUNTY

NAME OF

5. SEX

CATION

MEDICAL

**ACTUAL** SIGNATURE

PHYSICIAN'S NAME (Type)

23\_FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

DECEASED

(Type or print)

Female

13 FATHER'S NAME

unk

# BUREAU V. Z.

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111299 **CERTIFICATE OF DEATH** 1301 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY o. STATE Par **b.** COUNTY MARYLAND V18,0m 100 Delaware CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) RURAL and give nearest lown) Laure NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS PESIDENCE OR INSTITUTION ON A FARM? YES NO nela NAME OF First Middle 4. DATE lost Month Day Year DECEASED (Type or print) DEATH 195 wille IF UNDER 1 YEAR IF UNDER 24 HPS S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) Months Hours Min. WIDOWED [ DIVORCED [ yes Too. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) and carbon ofter 13 FATHER'S NAME certificate 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (d), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO þ Conditions, if ony, which permi gove rise to immediate **DUE TO** cosse (a), stating the underand lying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION remayal, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on and that death occurred at \_\_\_\_AL\_M, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED AT 0 FUNERAL DIRECT ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) O HOSPIT m 226. DATE THEREOF BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOYAL (Specify) 医NCC 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A1S (4) 15M 9/55 DATE IN in-louish

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BULLAU V. S.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the disast certificate be executed within 24 hours after death. Page 4

may be retained by pospital or attending physician.

O FUNERAL DIRECTO After this certificate has been signed by the attending physician and completely filled in by the foogs 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrom for to burial, crematian, ar removal, and in any event within 72 hours after death.

may be retained by TO FUNERAL DIRECTO

YS A15 (4) 15M 9/55

#### **CERTIFICATE OF DEATH**

			Keg. Dist. No.								
1. PLACE O	F DEATH				2 USUAL RESID	ENCE (Whe	ere deceased	ived If ins		nce before oc	lmission)
1 1 7	DMicD		MAR	YLAND	man	ula	nd	5. 200	"(A)¿C	Dmi	CD
	R TOWN (If outside co and give nearest town)		c. LENGTH OF STA	Y IN 1b			utside corpora	te limits, wr	ite RURAL and	give nearest	town]
Sali	Shunu_				Salis	na h	M	12			
d. NAME OR IN	OF HOSPITAL (IP OF I	hospitot, give stree	ot oddress)		d. STREET A	DDRESS	9	1		e. IS	RESIDENCE N A FARM?
Peni	nsul Al	deneral	Hosbit	السلم	7091	ooul	Str			YE	S NO D
3. NAME O		First	¥ Middl	e	Lost		4. DATE		Month	Day	Yeor
(Type or		many			mill	9	DEATH		any	28-	1958
5 SEX	6. COLOR	OR RACE 7. MA	RIED NEVER MARR		DATE OF BIRTH	t .	9	AGE (In yo			INDER 24 HRS
ten	aheleol	A PROCESS OF THE PROPERTY OF T	WED DIVORC		1701-			265	7:7		
dung	OCCUPATION IGNER	on if retired]   No.	b. KIND OF BUSINESS	OR INDUS	RY 11. BIRTHPU	ACE (Stole o	or foreign cou	ntry)	12. CI	TIZEN OF W	HAT COUNTRY?
13. FATHER			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14, MOTHER'S	MAIDENIN	AME				
10. TATTIER	7				-	MAIDEN N	PUNE				
15 WAS DE	CEASED EVER IN U. S. /	ARMED FORCES? 11	6. SOGIAL SEGURITY NO	O 117. IN	FORMANT		-		Address		
[Yes, no, or un	known)     ff yes, give wo	or or dates of service)			1. km	· Y	nill	20	Sign	2-20-	٦
18. CA	USE OF DEATH [Enter	only one cause per	line for (a), (b), and (c	1-]						INTERVA	LINTWEEN
	PART I. DEATH WAS CA	AUSED BY:	"Crehai"	Her	ur yy	Lang	-				DEATH
1		DUE TO	1				+		,		
Cond	itions, if ony, which	(b) - Ke	tnece se	rera	EZKU G	arter	resch	14 76	-		
	rise to immediate (a), stating the under-	DUE TO	61	211/2:	denger						
	couse lost.	(c)		in gic	rea yea						
N O	PART IL OTHER SIGNIFI	CANT CONDITION	CONTRIBUTING TO D	EXTH BUT I	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN PAR	RT 1(o) 19. V	AS AUTOPSY
3											□ NO □
OR CO	CIDENT WAS UNDERLY NTRIBUTING   CAUSE ER, NOTIFY MEDICAL E	OF DEATH	ESCRIBE HOW INJURY	OCCURRED	(Enter noture of	injury in Po	ort I ar Part I	l of item 18.	)		
	E OF INJURY Month,	4.1	INJURY OCCURRED	20e. PLA	CE OF INJURY (H	lome, form,	20f. (City o	r town)	(	County]	(Stole)
AED W	оиг о, m, p, m,	19 Whi	le Not while ork of work	1000	ory, street, office	Diag., etc.,	7		e		
21. 1	certify that I atte	nded the dece	sed from Ju	n v	1938	10 //	421 78	10	that I	last saw t	he deceased
olive	**/	78 19	66 11	t deoth	occurred ot.	3.9	M. from				tated obave.
	11-7	1	"	7	_	/ A	ADDRESS (Stre			,	DATE SIGNED
ACTUA	SIGNATURE 12 selean to pacy hin M.D. 334 Cumaler Com Salestryin 1/29.3.										
PHYSIC	IAN'S [Type]					a mile salan mana salan make make mana ma					
		ATE THEREOF	22c. NAME OF CEA	METERY OR			22d. LOCATIO	ON (C)7, 10	wn, or county)		Stote)
Dur	Cal (Specify) 2-	マーンは	Haces	lon	Cam	/	Val	edlu	up	97	11
23. FUNERA	L DIRECTOR'S SIGNATU	49/10	ADDRESS			24a. REC'D	BY REGISTR	AR 24b.	EGISTRAR'S SI	GNATURE	
12	LOPU!	11 Clean	*			DATE	-n - 15	8 6	38-1-22	uch	

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义			MARYL	AND	STATE DEF	ARTM	ENT	OF HE	ALTH	-BAL	TIMORE, 1	8			
			-	1300	1 CER	TIFIC	ATE	OF D	EATH		TIMORE, 1	Reg. D	st. No.	113	03
		COUNTY	Wicomico		M	ARYLAND		PTATE	Maryl		d I ved. If institution b. COUNTY		i com		on)
		CITY OR TOWN (IF RURAL and give net Salis	autside corporate limit arest town) 5 DUNY	s, write	c. LENGTH OF ST		c.	CITY OR TO		isbur	prote limils, write RL	JRAL and	give nea	irest town	)
7.		Deer's H	AL (If not in hospital, great State 1	ve street o	tal	Particular Salata dalam and a sa	d.	STREET AD	_	s. Di	vision St				DENCE FARM? NO 27
•	3.	NAME OF DECEASED Type or print)	Fire Chai	rles	Mid	dle	Mor:	lost row		4. DATE OF DEATH	Mont Janu	h	16,	,	9 58
-	5. 5	iale	6. COLOR OR RACE White	7. MARRI		RRIED		of BIRTH	1877		9 AGE (In years lost birthdoy) 0 yrs.	Months		1F UNDE Hours	R 24 HRS Min
	10a	USUAL OCCUPATION during most of works	N (Give kind of work on the life, even if relifed) Norker	lone 10b. i	Railro	oad	STRY 31	BIRTHPLA	CE (Stote o	r foreign c Land	ountry)		S.A		COUNTRY?
	13.	FATHER'S NAME					14 A	OTHER'S A	AAIDEN N	AME				-	****
		Charles	Morrow								itchie				
	15. [Yes		IN U. S. ARMED FOR- f yes, give wor or dates of se ——	rvice]	SOCIAL SECURITY 16-01-778						Fields(M (Salisbu				
nimiw mo			TH (Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO			_	ılar	accio	ient 1	with:	rt. hemip	legi	ONS	RYAL BEI	DEATH
		Conditions, if an gove rise to im couse (a), stating to	y, which (b)		General a	rteri	osc.	lerosi	is					Year	5
,	CATION	PAIT II. OTH	) (c) ER SIGNIFICANT CONI	PITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RE	LATED TO 1	HE TERMIN	IAL DISEAS	E CONDITION GIVE	EN IN PAI	T 1(o) 1	PERFO	NUTOPSY RMED?
	CERTIF	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING DEATH	206. DESC	RIBE HOW NUR	COCCURRE	D. (Enter	noture of	injury in Po	ort I or Por	t II of ilem 18 )				
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Day, Yea	While	UURY OCCURRED Not while	20e. Pl fo	ACE OF clory, sh	INJURY (He	ome, farm, oldg., etc.)	20f. (City	or town)	(	County)		(Stote)
			no 16,	_, 12	58 <sub>, ,</sub> and th	at death	occui	red at_	1:35 A	M, fran DDRESS (S	n the causes a freet, city or lown,	nd an t		e state	d abave. TE SIGNED
<b>b</b> /		PHYSICIAN'S NAME (Type)	G. Ko		y, M. D.		M.D				<u>ate Hospi</u> aryland	<u>tal</u>		1/16	/58
	220		Jan. 19, 19	F	22c NAME OF C			ATORY		22d LOCA	TION (City, town, o	r county) Shad	Poi	nt) !	id.
	23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				MEC'D	OV BECIE	IDAD 246 DECIE	TDAD'S CL	CALATUR	E	

HOLLOWAY & COMPANY FUNERAL HOME - SALISBURY, MD.

VS A15 (4) 15M 9/SS

DATE JAN 2 0 '58

BUREAU V. R.

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CERTIFICATE OF DEATH 1305 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b COUNTY MARYLAND ( DAALED Alliar & b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) **RURAL** and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? 150, Tal YES TO NO P Dezerat NAME OF Middle 4. DATE Lost Month Year Day DECEASED (Type or print) DEATH 10 anuary AGE (In years HE UNDER I YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED AMEVER MARRIED 8. DATE OF BIRTH lost durthday) Months Days Hours Min. WIDOWFO/IT DIVORCED [7] yrs. 19a, USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 AS DECEASED EVER IN U. S JARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (d), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 Olders IMMEDIATE CAUSE (c) DUE TO Canditions, if any, which gove rise to immediate DUE TO casse (a), stating the underlying couse lost. 2/// PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Murrardial YES NO P 20g. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port t ar Port II af item 18, OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Not while 7 Hour o. m. factory, street, affice bldg ...etc.1 While at work at work 21. I certify that I attended the deceased fram 7. ta Library 13 1921, that I last saw the deceased and that death accurred at: 44 34 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) FUNERAL DIRECT ACTUAL pe SIGNATURE PHYSICIAN'S NAME (Type) **(~)** BRIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF COMETERY OR CREMATORY MEMOVAL (Sprofy) 9 23. FUMERAL/DIRECTOR'S SIGNATURE DRES! 24g, REC'D BY REGISTRAR 245\_REGISTRAR'S SIGNATURE V5 A15 (4) DATE JALL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MUNITAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1306 CERTIFICATE OF DEATH

Reg. Dist. No. (11305

	, 2000	/		Reg. Dist.	140.				
V	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE	b COUNTY as					
4	b. CITY OR TOWN (If outside corporate limits, w		MQ a		coline				
	RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPITAL (If not in hospital, give a	2 Years	#						
ı	d. NAME OF HOSPITAL (If not in hospital, give to OR INSTITUTION  Springhill Sanita		U. SINCEL ADDRESS		e. IS RESIDENCE ON A FARM?				
	3. NAME OF First	Middle	4 042		YES NO				
Į	OECEASED (Type or print)  OTTS  Dell	M _	lost 4. DATE OF DEAT		Day Year 23. 19.58				
		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	-				
		DOWED DIVORCED	August 20, 1885	1 6 yrs	ys Hours Min.				
Л	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	ISTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT CO						
	Housewile	Home	varoline co., raryland [ U.S.A.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	George F. Smith		Ida Mary Duke	S					
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, non-gr-unknown)   (If yes, give wor or dates of service)	1	NFORMANT	Address					
			ussell E. Nichols,	, Salisbury, Mary	land				
ł	18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c).)	0		INTERVAL BETWEEN				
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	17 ocho elm	Durine		Suis				
ı	DUE TO				0				
1									
ı	gove rise to immediate Couse (a), stating the under-								
ı	lying couse last. ) (c)								
	PART II. OTHER SIGNIFICANT CONDITIO	DNS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART 16	PERFORMED?				
	200. ACCIDENT WAS UNDERLYING 20b	DESCRIPE HOW INTURY OF CURREN	D. (Enter nature of injury in Port 1 or P	and III of them 10 t	YES NO				
ı	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE ADVY HAJORY OCCURRED	). (chier nature at injury in Fort 1 or r	ort II of Irem to.)					
ı	÷ 1		ACE OF INJURY (Home, form, 20f. (Clary, street, office bldg., etc.)	ity or town) (Cour	nly) (State)				
ı	E p. m. 19	While Not while 1990	iory, sineer, diffice didg., alc.)						
ı	21. I certify that I attended the de-	ceased from June 6,	. 1955 to Jan.	28, 1958 that I last	saw the decease				
ı	alive an 1/28/09		occurred at 1:50 M, fre	om the causes and an the	date stated above				
ı	1 100	7		(Street, city or town, styre)	DATE SIGNED				
1	SIGNATURE THERE	ignile,	N.D> Aleele	ru Ma					
	PHYSICIAN'S Dr. Fred H	R. Gramse							
İ	220. Burial, Cremation, 226. Date Thereof Removal (Specify) Jane 31,195		emetery Fed	ATION (City, town, or county) eralsburg, Paryle	and (Stole)				
	J.J. Frampton and Son, F	ederal sourg, Mary	land 240 REC'D BY REGION TO SO	STRAR 246. REGISTRAR'S SIGNA	TURE				

TO HOSPITAL OR EXTENSINE PHYSICIAN: The law requires the the death sertificate be esecuted within 24 haurs offer desth. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the grad director, page 3 should be Seisched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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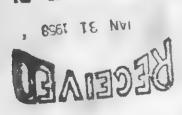
VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 a1306CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. (Finstitution: Residence before admission) a. COUNTY a. STATE Pe b. COUNTY Vicomico MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Springhill Sanitarium YES NO NAME OF **First** Middle 4. DATE Last Day Month Year filled DECEASED (Type or print) DEATH Nicholson Jan. 19 55 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE [In years lost/birthday) Months Days Hours White Remale WIDOWED K DIYORCED | papers. cample 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife pua carbon S. L. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TUN IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMAN 16. SOCIAL SECURITY NO EYOL NO. OF MAINOWAY 18. CAUSE OF DEATH [Enter only one cause per line for (g)/(b), and (c): INTERVAL BETWEEN ᇻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH LLLLXX DUE TO ģ permit. Conditions, if ony, which (b) Bued gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES | NO VO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) g. h. While Not while p. m. at work 🔲 at work March 1927 to 14, 19 58, that I last saw the deceased 21. I certify that I attended the deceased from Jan. and that death occurred at 3:28PM, from the causes and on the date stated above alive on ADDRESS (Street, city or town, state) DATE SIGNED RAL DIRECT ACTUAL MANURE PHYSICIAN'S NAME (Type) moy be r FUNERA page 3 sh 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page (State) REMOVAL (Specify) 22 wer. 0 23\_FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D SY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55



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BUREAU V. S.

Reg. Dist. No.

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1.	PLACE OF DEATH	iomien		MARY		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE b. COUNTY (Comments)								
	b. CITY OR TOWN (IF RURAL and give, new	rest town)	s, write c	LENGTH OF STAY	IN 16	X :	Towk (IF a	utside carpore	ote limits, write RU				)	
	OR NAME OF HOSPITA OR INSTITUTION		Hosti	dress)		d. STREET A		Street	+		e		DENCE FARM? NO K	
3	NAME OF DECEASED (Type or print) WAI	TER Held	12/1	Middle HERMA	N	PARKER	st )	4. DATE OF DEATH	JANUI	2011	Day	1	rear	
5.	Male Male	6 COLOR OR RACE	7. MARRIEL	DIVORCE	· Lat	pate of Birt arch 7,			AGE (In years lost birthdoy) 66 yrs.	Months	20ys	Hours	R 24 HRS Min,	
	Laborer	N (Give kind of work on ng life, even if retired)	lane 10b. Ki	ND OF BUSINESS O	R INDUST	W1cc	mico	Co. Ma	nitry) ryland	12 CIT	IZEN OF		COUNTRY	
113	Alfred P.	Parker				14. MOTHER'S		en Dri	1100					
15	WAS DECEASED EVER			OCIAL SECURITY NO	MI MI	ORMANT MALTY	E. D		ister) Addr	enter	St.			
	PART I DEAT	y, which ) (b)		for fat, (b), and (c).	) 14 <i>0</i> 2 ma	na To	en c					TAND		
CERTIFICATION	PART II. OTH  20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON  GUAGE  SUNDERLYING   CAUSE OF DEATH	DITIONS CO	NTRIBUTING TO DE	du	in se	lu	en		N IN PAR		PERFO	NO T	
MEDICAL C			While	URY OCCURRED Not while of work	20e. PLAC	CE OF INJURY ( pry, street, offic	(Hame, farm, e bidg., etc.	20f. (City o	or town)	(0	County)		(State)	
	21. I certify the alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceased 185	~~/	death of	.D	sale.	2.M, from	the causes an eet, city or town, s	nd on th	ne date	e state	d above.	
27	REMOVAL (Specify)	Jan. 11		22c, NAME OF CEM		CREMATORY entery			ON (City, town, o		rl and	(Stote	e)	
-	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGISTR	AR 24b, REGIS					
I	& YAWOLIOI	COMPANY FU	ABILIAL	north - DA	PTOD	Mr time	DATE	12 00	CONTR	-,0,000.0			,	

ol director, be filed with TO HOSPITAL OR ATTENDING INVSICIAN: The law require that the dimit certificate be executed within 24 hours after death. Page 4 O FUNERAL DIRECTO After this mertificate has meen signed by the atterming physician and gampletely filled in by the tapage 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shout the registrate prior to burial, cremation, at remayal, and in any event within 72 hours after death. may be retained by t



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	• 1310 CERTIFICATE OF DEATH Reg. Dist. N	Vo.
· ·	1. PLACE OF DEATH  O. COUNTY WICOMICO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived it institution: Residence be of STATE MARYLAND b. COUNTY WORK  O. STATE  O. STATE	CESTER
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give Appears town).  C. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give Appears town).	
- 450	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FENTINESULLA CENERAL HOSPITAL. 1500 MARKET STREET	e is residence on a farm? Yes \( \) NO \( \)
	[Type or print] BRINKIMON L. FANNE DEATH JANUARY	P 1958
	MALE WHITE WIDOWED DIVORCED AUGUST 11 1895 62 yrs. Manths Day	
7	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN   ARTHER NAME  13. FATHER'S NAME	
	WILLIAM J. PAYNE FLIZABETH PILCHARD  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address	
	1/2. NO (If yes, give wor or dates of service) 213-24-2680 MRS. VIRGINIA F. PAYNE, POCOMIC	
	PART I. DEATH WAS CAUSED BY: Oronary Clotery Thrombosis	NTERVAL BETWEEN INSET AND DEATH
	Canditions, if ony, which gave rise to immediate cause (o), stoting the under:  DUE TO  OUE TO  OUE TO  OUE TO	
	lying cause last. (c)	19. WAS AUTOPSY
\$ P.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Part II of item 18.)	YES NO
	OR CONTRIBUTING CLUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Count Of INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work factory, street, affice bldg., etc.)	ly) (State)
	21. I certify that I attended the deceased from	
	ACTUAL CALLED CITY OF TOWN, state)  ACTUAL SIGNATURE  M.D. ACCUAL  M.D	DATE SIGNI
	PHYSICIAN'S DAULD J. GILMORE SALISBURY MARY LAN	<u>D</u>
	220. BURIAL CREMATION 226. DATE THEREOF 22C. NAME OF CEMETERY CARRESTORY 22d. (OCATION IC ty. town, or county)  REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)	(State)
•	23 SUNYERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS  DATE  ADDRESS  DATE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS  DATE  ADDRESS  ADD	TURE

may be retained by despitation of ottending physicion.

O FUNERAL DIRECTO After this certificate has been signed by the attending physician and campletely filled in by the figoge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrate prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING "HYS": IAN: The low require the death semificate to exacuted within 24 haurs after may be retained by TO FUNERAL DIRECTO VS A15 (4) 15M 9/55

al director, be filed with

deoth. Page 4

BUREAU V. 2

MEGEIVED JAN 13 1953 **CERTIFICATE OF DEATH** 

1113111

			Keg, Di	ST. NO.					
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived If institution, Resider						
Wicomico	MARYLAND	Maryland	d Tall						
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	į	li	itside corporate limits, write RURAL and	give nearest town)					
Salisbury	11 months	Easton	2.04.2						
d NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION Deer's Head State Ho	freet oddress) spital	d STREET ADDRESS		on a farm?  YES NO					
3 NAME OF First	Middle	Lost	4. DATE Month	Day Year					
DECEASED (Type or print) Irma	Blake	Phillips	DEATH January	15 19 58					
	7	B DATE OF BIRTH	9. AGE (In yours IF UNDER						
Formala Libita	DOWED TO DIVORCED	2/3/1904	lost birthdoy) Months	Days Hours Min					
10a. USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote of		TIZEN OF WHAT COUNTRY					
during most of working life, even if retired)	Housework	Maryland	US	SA					
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME						
Webster Blake		Allie Mon	rris						
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown)  [If yes, give were of dates of service]  Unke	16. SOCIAL SECURITY NO. 17. II	NFORMANT Hospital	l Records Address						
IB. CAUSE OF DEATH [Enter only one couse				INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY	Cor pulmonale			ONSET AND DEATH					
IMMEDIATE CAUSE (6)				24 111 0					
Conditions if any which	Pulmonary fib	rosis		Years					
gave rise to immediate									
Luis a source least	Years								
lying couse last.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY									
CATK				PERFORMED? YES NO					
	. DESCRIBE HOW INJURY OCCURRED	D (Enter noture of injury in Pr	art I or Part II of Hem 18 )						
20c TIME OF INJURY Month, Doy, Year 2 Hour e.m. p. m.		ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town)	County) (State)					
G Heur e.m. 19 o	Vhile Not while Tak	dory, sireer, office diog., etc.)							
21. I certify that I attended the dec	censed from Feb. 8	1057 to Jai	n. 15 , 158 ,that I	last raw the deceases					
			M, from the causes and an t						
1	A Control of the cont		DDRESS (Street, city or town, state)	DATE SIGNED					
SIGNATURE LE	l.A.		ad State Hospital	1/15/58					
SIGNATORE		M.D .I.DOCT D TTO							
PHYSICIAN'S L. V. Maldve	, M. D.	Salisbury,	Maryland						
220 BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or county)	(Slote)					
BERIPL 1/18/58	SPRING HI	LL (EMETERY	EASTON, MY	BONLAND					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REGO	THY TEGISTRAS 246 REGISTRAR'S AN	GNATURE					
W. Ramoton forer	le. LASTON,	MD DATE							

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dwath. Image I may be retained by hospital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 shourt be filled with the registrar prior to buriof, cremotion, or remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55



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BUREAU V. E.

01311

1944

CEDTIEICATE OF DEATH

L	1941	CERTITION	AIL OI DEAIL	·	Reg. Dist. No.						
	PLACE OF DEATH		2. USUAL RESIDENCE (Who	ioni Residence before admission)							
	Wicomico	MARYLAND	o. STATE Maryland	b. COUNTY	Wicomico						
	b. CITY OR TOWN (If outside corporale limits, writ	e c. LENGTH OF STAY IN 16			RURAL and give negrest town)						
	RURAL and give nearest town)  Delmar	30 vra	. Delmar								
-	d. NAME OF HOSPITAL (If not in haspital, give stre		d. STREET ADDRESS		e, IS RESIDENCE						
	OR INSTITUTION RFD # 2		RED #	0	ON A FARM? YES 📆 NO						
3		Middle	last	4. DATE Mar							
	DECEASED (Type of print)			OF DEATH							
-			Phillips  B DATE OF BIRTH	9. AGE (In years	10 1958						
ľ			_	last birthday)	Months Days Hours Min.						
1		OWED DIVORCED	Feb. 17, 189								
- [ '	Do USUAL OCCUPATION (Give kind at work done to during most at warking life, even if retired)	JD. KIND OF BUSINESS OR INDUS	SIRT II. BIRTHPLACE (State of	ar tareign country)	12. CITIZEN OF WHAT COUNTRY						
	Farmer	Farm Owner	Delawar		USA						
ال	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME							
	J. Davis Phillips		Allie F.	leam							
- 12	(as, no or unknown)     1 yes, give wor or dates of services    16. SOCIAL SECURITY NO.   17. INFORMANT Address										
L	No	220-12-1357 Ma	ary Phillip	s. Delmar. I	Md.						
F	18 CAUSE OF DEATH [Enter only one couse pe	<del></del>		<del></del>	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	The home	zahome	Kildney 100	ONSET AND DEATH						
1	/XUX DUE TO	4. March		The state of the s							
	Conditions if one which \	7/	alist to	trees							
	gave rise to immediate		Sounder man								
	Lovie (o), stoling the once-										
13	/ (5)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VALDISEASE CONDITION OF	VENT IN PART I(m) 10 WAS ALTOPSY						
٤١	THE OTHER DISTRICT CONTINUES	O CONTRACTOR OF THE CONTRACTOR	THE RESIDENCE OF THE PERSON	THE DISEASE CONTINUES OF	PERFORMED?						
	200. ACCIDENT WAS UNDERLYING 20b. D	DESCRIBE HOW INJURY OCCURRED	D. /S-to- only of investige 9	est has floor 10 of stem 10 t	YES NO C						
MOUTA DISTRACT	OR CONTRIBUTING CAUSE OF DEATH	FERENCE HOW INJUST OCCURRED	Center noture of injury in r	arri or rari ii or iiami ia j							
14.034	20c. TIME OF INJURY Month, Day, Year 20c	I INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form,	20f. (City or tawn)	(County) (State)						
3	Hour e.m. Wh	ile Natwhile fac	tary, street, office bldg., etc.								
1			10 5	dentel 20	,that I last saw the deceased						
	21. I certify that I attended the dece	above of the									
	alive on, 19	and that death			and an the date stated above						
	ACTUAL S. 42	A .	,	DORESS (Street, city or town,	stole) DATE SIGNED						
	SIGNATURE	J James	M-D	above to	elman af / /1/2						
	PHYSICIAN'S NAME (Type) EIM LAR	MORE	//	on Ganue St	. Desina DEC						
12	20 BURIAL CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY OF	P CREMATORY	22d LOCATION (City, town,							
	Burial 1-12-58	Ralph H111	1								
2	JUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24n 85C'C		Del STRAR'S SIGNATURE						
K	M X . Ma . O.	-10,11	Les DATE JATE	11 4 58	1						
12	10 //lance co	- VYLYMOY	DAIEGHI	7 00	) articolic						

rol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the first director. moy be retained by Alter this certificate has been signed by the attending physicion and completely filled in by the page 3 shauld be delected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sharther registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

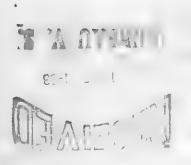
VS A15 (4) 15M 9/55

BUREAU V. Z.

5 . Pt No

DECEIVED

1		1	MARYLAND STATE DEPART	MENT OF HEALTH—BALT	
प इन्ह				ATE OF DEATH	111312 Reg. Djst. No.
Page directo	F2.	3.	PLACE OF DEATH  COUNTY.  WICOMICO  MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY (Constitution Residence before admission)
be fi	121		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corpor	rate limits, write RURAL and give nearest town)
de rai		H	d. NAME OF HOSPITAL (If no) in hospital, give street address)	STOCKTON d. STREET ADDRESS	IS PESIDENCE
urs of by th d 2 st	83		OR INSTITUTION. Peninsula General Nospital	ar armen granual	e. IS RESIDENCE ON A FARM? YES NO
24 ha led in			NAME OF First Middle DECEASED (Type or print)  O Mys C	Duch - 11 DATE	Month Day Year
ithin efy fil Poge		5. :	24/163	1 41 11011	9. AGEAIN years IF UNDER 1 YEAR IF UNDER 24 HRS
mpleto	\	100	Male DIVORCED DIVORCED USUAL OCCOPPATION (Give kind of work done 1 PO KIND OF BUSINESS OR INC	Mars 2-1899	66/10/KD Months Days Hours Min.
and car bon pag	1)		dering mast of working life, even if retired) Jumple Mell	10comohe last	mal country
sician and recarbo	· company	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
physic physic phours			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	· A Address
ding			10 317-01-3496 1	uslange R. Gallic	& Hacomobeling, my
aften n plet t with			18. CAUSE OF DEATH [Enter only one cause per lum for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lumortias	Ruch#2 INTERVAL BETWEEN ONSET AND DEATH
y the The			DUE TO	+ · 5	,
ires l' ned b ermit n any			Ganditions, if any, which by (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Mericoco	also la
ion. en sig msit p		z	lying couse lost. (c)		
physical phy	0	CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	JI NOT RELATED TO THE TERMINAL DISEASE	PERFORMED?
ending ficate h the bur or rem		CERTIFI	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I ar Port	
PHYSIC of or off this certinuse as semation,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m. p. m. 19 While Not work   of work	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	or town) (County) (State)
DING hospit After ned fo			21. I certify that I attended the deceased from.	, 1958, to 1-12	19.55 that I last saw the deceased
detach to bur			h 1/1/2/1		the couses and on the date stated above.  Real, city or taying state)  DATE SIGNED
DIRECTION OF Prigr	1		SIGNATURE Meed J. Holleyre	M.D. Adleska	ery A. J. Jun. 12, 195
SPITAL Se reto IERAL 3 shou			PHYSICIAN'S NAME (Type)		
may bo FUNI			STRIAL CREMATION, 70. DATE THEREOF 20. NAME OF CEMPTERY RETROVAL (Special) CON. 13/5 MINDON (LC)	or crematory 22d locat	10N (City, tolyth, gr county) (State) (State)
VS A15 (4) 15M 9/55	1	23.	FUNDERAL/BIRECTORS SIGNATURE ADDRESS A	DATE LABILA E IC	0 / 50
		_	CI CI	1 1 1 5 5	Nowing the Company of



VS A15 (4) 15M 9/55

Er.

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
1313	CERTIFICATE	OF DEATH	_

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**CERTIFICATE OF DEATH** 

01313 Reg. Dist. No.

		PLACE OF DEATH o. COUNTY	Viconic	•	- MARY	LAND	2. USUAL RE		There decease		If institution.		e before o	
		b. CITY OR TOWN (If RURAL and give ne	outside corporate limit arest tawn Salisbi		c. LENGTH OF STAY	IN 1b	c CITY OF		outside corp	orate lim	its, write RI	JRAL and g	ive negrest	town)
,		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, gi		ospital		d. STREET	P. O.	В. #	71	R.D.	#1		RESIDENCE DN A FARM? ES A NO
		NAME OF DECEASED (Type or print)	fire TARE	it	Middle CY RU	S	RAY	NE NE	4 DATE OF DEATE		Mani JAN		Day 10th	Yeor 1 19 <b>58</b>
-	5. :	Male	White	WIDOWE	The state of the s		Sept.	13, 1		49	(In years birthday) yrs.			JNDER 24 HRS Burs Min.
		DSUAL OCCUPATION during most of works  Timber Wo  FATHER'S NAME	N (Give kind of work ding life, even if retired) <b>PKOP</b>	lone 10b. k	Timber	R INDUS	Pow	rell∀i	110, 1		and	t2. CITI	ZEN OF W	HAT COUNTRY
	1.3.	Henry C.	Layne				14. MOTHER	a Pat						
	15 (Yes		IN U. S. ARMED FORCE If yes, give wor or dates of se		OCIAL SECURITY NO	Mr	FORWANT 1	e K.	-	(Wife	) R.I	1		
18. CAUSE OF DEATH [Enter only one cause per line for so], (b), and (c) }  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.  DUE TO  Lying couse lost.							evse	lvos	ONSET	AL RETWEEN AND DEATH				
7	CERTIFICATION		ER SIGNIFICANT COND									EN IN PART	PI	ERFORMED?
		(IF EITHER, NOTIFY	CAUSE OF DEATH	206, DESC	RIBE HOW INJURY OF									
	MEDICAL	20c TIME OF INJURY Haur a.m. p.m.	Month, Day, Yea	While	JURY OCCURRED Not white at wark	20e. PLA foci	CE OF INJURY ory, street, offi	(Home, for ice bldg., et	m, 20f (Ci	ty or tow	n)	(C	ounty)	(State)
/		21. I certify that I attended the deceased from 10, 19,5%, to 10, 19,5%, to 10, 19,5%, that I lost saw the decease alive on and that death occurred of 2:20Å. M, from the causes and on the date stated above ABORESS [Street, city or lown, state)  ACTUAL SIGNATURE  M.D.  ACTUAL  M.D.  M.D.  ACTUAL  M.D.  M.D.  ACTUAL  M.D.  M												
	220	PHYSICIAN'S DE			22c NAME OF CEME		CREMATORY	Cente			ity, town, o			(State)
		REMOVAL (Specify) Burial	Jan. 12, 1	.958	Zion	Ceme	tery		Nea	ar Fr	uitla	nd,_M	aryla	. ,
	HOLLOWAY & COMPANY TUNERAL HOME - SALISBURY MD. DATE JAN 1 3 '58													

BUREAU V. &

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**FUNER** certificate

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

01314

1342 Reg. Dist. No. ..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico COUNTY STATE Maryland COUNTY Wicomico MARYLAND (If outside corporeta limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) and give necrest town) (In this place) TOWN TOWN Sharptown Sharptown HOSPITAL OR STREET (II rurel plye location) INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF (Middle) 4. DATE (Month) (Last) (Day) (Year) DECEASED (Type or Print) DEATH Edmond Robinson 19 58 SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR DATE OF BIRTH AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE Months Days Hours (SpecMarried Male White 1878 YIS. 10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS 11. B.RTHPLACE (Stelle or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Retired Captain Tug Boat USA Sharptown Naryland James T.Robinson Laura Elzey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO NO (II Yes, plye wer or dates of service) Patience Robinson, Sharptown Md. 182-18-6222A 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19th DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 50 YES T NO LINVOR Lailing 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, // OF INJURY street, office bldg., atc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Yeer) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while el work et work that I last saw the deceased 22. I hereby certify that I attended the deceased from..... ......., and that death occurred at. X 300a.M, from the causes and on the date stated above. alive on... SIGNATURE ADDRESS (Street, city, town, state) M.D. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) 1-8-58 Burial Sharptown Taylor ADDRESS 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

... EVN A' Z'

8561 8 NVI

BECEINEU

OBVEDE!

BUREAU V. S.

lying couse last

COUNTY

NAME OF

DECEASED

(Type or print)

No No

20c TIME OF INJURY

21 I certify that I attended the deceased from

, and that death occurred at 1:05PM, from the causes and an the date stated above ADDRESS (Street, city or town, stole)

19.55 that I last saw the deceased

(State)

PHYSICIAN'S Dr. Alberta Mattax

22b. DATE THEREOF

711 Camden Ave. Salisbury. Md.

22a. BURIAL, CREMATION, Feb.3,1958

ACTUAL

**ADDRESS** 

24o. REC'D BY REGISTRAR

22d LOCATION (City, town, or county) Salisbury, Maryland 24b REGISTRAR'S SIGNATURE

23 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY -

SALISBURY, MARYLAND

22c NAME OF CEMETERY OR CREMATORY

Wicomico Mem. Park

DATE FEB 5

FUNERAL F



O HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Z .Y UALDHU

BALL:

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2620

CERTIFICATE OF DEATH

05143

100720			Keg. L	JIST. INO.
7. PLACE OF DEATH COUNTY Wicomico	MARYLÄND	2. USUAL RESIDENCE (Who o. STATE Maryl	re deceased lived. If institution Reside and b. COUNTY QE	ence before admission) 1881 Anne's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	Two days	c. CITY OR TOWN (If ou	rside corporate limits, write RURAL and	1 give nearest (own)
d. NAME OF HOSPITAL (If not in hospital, give street or institution  Dear's Head State Hos		d. STREET ADDRESS		. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Blanche	Middle Virginia	Sudl <b>er</b>	4. DATE Month of Jan. 23	Duy Year 19 58
5. SEX   6. COLOR OR RACE   7. MARR   Female   Negro   WIDOW!	The state of the s	8. DATE OF BIRTH	9. AGE (In years IF UNIDE lost by thday) Of yrs. Months	Doys Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	Domestic	STRY 11 BIRTHPLACE (Stone of Maryla	or foreign country) 12. C	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME Phil Nickson		14 MOTHER'S MAIDEN N	Mickson	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. [Yes. Ao or uninown) [15 yes, give war or dates of service]		NFORMANT Ber's Head Sta	Address te Hospital, Salis	sbury, Md.
IB. CAUSE OF DEATH (Enter only one course per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	_	rehral thrombo	rsis due to	ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the <u>under-lying couse last</u> .  (b)  DUE TO	arteriosel r	osis, general		?
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	D (Enter noture of injury in Po	ort t or Port It of item 38 )	
20c. TIME OF INJURY Month, Doy, Year 20d. In Hour o. m., 19 While of world	Not white foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an January 24, 19 Actual SIGNATURE V ULTURAL SIGNATURE PHYSICIAN'S V. JUDITMAN, M. 1220. BURIAL, CREMATION, 122b DATE THEREOF	58,, and that death	M.D. Deer's	M, from the causes and an DORESS (Street, city or town, store) Head State Hospi	tal 1/24/58
Burial 1/26/58  23. FUNERAL DIRECTOR'S SIGNATURE	Batts Neck Co	em.	22d LOCATION [City, town, or county]	
James Dashiell, Easton		DATE AP	BY REGISTRAR 246, REGISTRAR'S S	MAS A

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 director. may be retained by the hospital or attending physicion.

TO FUNERAL DIRECT

After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be described for use as the burial-transit permit. Then please remove carban papers. Rages 1 and 2 should be described for use as the burial-transit permit. Then please remove carban papers. Rages 1 and 2 should be againt at burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

4

Replacement cert. placed on file -Original cert. lost - 4/8/38 - 1733.



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TO HOSPITAL OR A
May be retained by
MS 170 FUNERAL DIRECT

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BUREAU V. E.

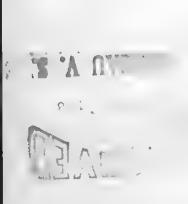
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BUREAU V. S.

SECTIVEL STATES

1343 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Maryland b. COUNTY Wicomico MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give nearest tevel Eden (Rural) d NAME OF HOSPITAL (If not in hospital, give street address) M STREET ADDRESS ON A FARM? 1 (Meadow Bridge Rd) R.D.# 1(Meadow Bridge Rd) YES X NO NAME OF Middle 4. DATE DECEASED OF DEATH RITTH DALE TOWNSEND 31st January (Type or print) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH lost birthday) White Female June 22,1871 WIDOWED T DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? House Work None Worcester Co. Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank Bounds Mahala Bounds IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs Mildred McGrath(Daughter)R.D.# 1 No Eden Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH ... PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) terioselesoses Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part III at item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED (State) (County) factory, street, affice bldg, etc.) Hour o m. Not while at work at work 19.55, that I lost sow the deceased 21. I certify that I attended the deceased from. , and that death accurred at 7:30 A.M., from the couses and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Dr. L. V. Sohler 303 East Belmar, Maryland -Jan. 3/ oy be in 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION [City, town, or county] 1958 Olivet Cemetery Worcester Co. Maryland 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE TO 3

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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111324 1320 **CERTIFICATE OF DEATH** Reg. Dist. No director death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE aryland Wicomico b county i comi co MARYLAND 100 b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town Salisbury Davs Salisbury haurs after d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 816 Camden Ave.. Peni**ss**ula General Hospital YES NO 7 NAME OF 4. DATE Middle Day Year DECEASED OF DEATH LILLIAN SIRMAN TURNER 58 (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bigthday) Manths Days Hours Aug.17.1880 Female White WIDOWED IX DIVORCED [ / yrs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House Wife U.S.A. Own Home Maryland puo carbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the death certificate George E. Sirman Anna Batt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mo Mr. Randolph Turner. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) 4 das 10 JUOLA **DUE TO** Conditions, if any, which gave rise to immediate ž DUE TO cause (a), stating the underlying cause last. (c) PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, \$20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) 0. 11. While Nat while at work at wark 🗍 21. I certify that I attended the deceased from. 1928, that I last saw the deceased \_\_\_\_, and that death occurred at 9:50 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) TO FUNERAL DIRECT
page 3 should be des DATE SIGNED 0 ACTUAL SIGNATURE Mp Salisbury. Marvland Fred 402 S. Division St., Salisbury Gramse. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or caunty) (Stole) REMOVAL (Specify) Q ER Parsons Cenetery Salisbury. - waryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Johnson Co. Salisbury, aryland EVMONT - Balsa

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Z .V UALLOZ

DECEDATE

HOLLOWAY & COMPANY FUNERAL HOME - SALISBURY, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Day

YES NO IX

Year

19

INTERVAL BETWEEN

PERFORMED?

YES NO

(Stote)

(Stole)

2 yrs

BUREAU V. S.

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certificate

O HOSPITAL

BUMEAU V. S.

1	W		TATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 7 2			CERTIFICATE OF DEATH  Reg. Dist. No. () 1327
direction	( *.7	11.	COUNTY  VICTIMICA  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  De LAWARe, b. COUNTY  SUSSEX
r demth		1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b  RURAL and give negrest fown)  ALL SOLL R
ors afte by the d 2 sho	ø -	6	OF INSTITUTION.  OR INSTITUTION.  ON A FARM?  ENINSULA GENERAL HOS PITAL. 24 WILMING TON AVE YES NOTES.
in 24 h≡ filled in ges 1 on		3.	NAME OF DECEASED (Type or print) TOTH PAUL Middle WALRAVEN. 4. DATE Month Day Year OF DEATH JANUARY 16, 1958.
ed within pletely f			SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  11 A C   1554  9. AGE (In years lost birthday)  Months Days Hours Min  11 A C   1554  WIDOWED   DIVORCED   DIVORCED   Min
and camp bon pape	2)		o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WILMING TO N. DEL
e b cort			FATHER'S NAME  14. MOTHER'S MAIDEN NAME  REBECCA CRAS 13 Y
oth certificat rding physici ase remove in 72 haurs		1S IY	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (I) yes, give wer or doine of service)  1222-12-045  19RS. J. PAUL WALREYEN REPORTED  1. SOCIAL SECURITY NO. 17. INFORMANT  2.22-12-045  19RS. J. PAUL WALREYEN REPORTED  1. SOCIAL SECURITY NO. 17. INFORMANT  2.22-12-045  19RS. J. PAUL WALREYEN REPORTED  1. SOCIAL SECURITY NO. 17. INFORMANT  2.22-12-045  1. SOCIAL SECURITY NO. 17. INFORMANT  2. SOCIAL SECURITY NO. 17. INFORMANT  3. SOCIAL SECURITY NO.
afeath attendi			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Degrawatine Heart Deseal  Law kindly
that the by the pit. The ny even			Conditions, if any, which ) the
require:			gove rise to immediate coese (a), stating the under- lying cause last.  DUE TO  (c)
he law physici nas beer rial-tran		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES 1 NO 1
tending ificate by the by			20a ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at this cert r use as		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not work at
ospit firer ched fa			21. I certify that I attended the deceased from
R ATTE	<b>&gt;</b> 1		ACTUAL SIGNATURE (1) Cleu Q - 40110-15- M.D. Folio Lille 1416 6-16-58
O Din	•		PHYSICIAN'S WILDER R. ELLIS, FR MEDICAL CENTER SAL, MO.
May be reto FUNERAL page 3 sha	•	22	REMOVAL (SPECIFY)  1/26/55  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  1/26/55  1/26/55  1/26/55  1/26/55  1/26/55  1/26/55  1/26/56
Q E Q a. = VS A15 (4) 15M 9/55		23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE  DATE UAN 2 2 '58  Color of the state of the s
			norman & Balser

SEED OF 1958

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NOTE OF 1958

VS A15 (4) 15M 9/55

MARYLAND.	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1345	CERTIFICATE	OF DEATH	

	1.0	340	CERT	IFICA	ATE OF D	EATH	<u> </u>	Re	g. Dist. No	.01328
1 PLACE OF DEATH 0. COUNTY W	icomico		MAI	RYLAND		aryl		ed. If institution, I b COUNTY	Residence bef W1COI	
B. CITY OR TOWN	outside corporate lime carest town)	in, write c Rural	LENGTH OF STA	Y IN 16			onide corporate	(Rural)	_	earest town)
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospito), • D•# 4	give street add	iress)		, d. STREET ADI	Dress D.#	<del>‡</del> 4			o. IS RESIDENCE ON A FARM? YES KNO
3 NAME OF DECEASED (Type or print)	LILI	JAN	whiter	-	WHAL	EY	4. DATE OF DEATH	Janua		29th <sub>19</sub> 58
s. sex Male	6. COLOR OR RACE	WIDOWED		ED []		24,1	1892	os biginday) Mc	INDER I YEA	R IF UNDER 24 HRS Hours Min.
	ON (Give kind of work king life, even if retired PK at Hon	done 10b KIN	None	OR INDUS	R.D.	Het	ron, Ma	aryland		OF WHAT COUNTR
	G. Colli					el K	nowle			
15, WAS DECEASED EVI	R IN U. S. ARMED FO (If yes, give war or dates of		CIAL SECURITY N	O IZ IN	E Hosc Salis	oe w	Maley	Husband	l)R.D	.# 4
	ATH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (		or (a). (b), and (a	11	Thee	rili	5.5		0 2 2 0	TERVAL BETWEEN
Conditions, if a gove rise to it couse (a), stating lying couse tost.	mmediate (	1 /	1,20%	2013/	10.14	Pt-	16: t,			
PART II. OT	HER SIGNIFICANT COM	IDITIONS CON	ATRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE CO	ONDITION GIVEN I	N PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO W
	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER	206 DESCRIE	BE HOW INJURY	OCCURRED	. (Enter nature of r	njury in Pi	ort I ar Port II (	of item 18)		
20c. TIME OF INJUI Hour a. m. p. m.	Y Month, Doy, Ye	While _	Not while at work	20e PLA foc	CE OF INJURY (Ho lory, street, office b	me, form, ildg., etc.)	20f. (City or	fown)	(County	(Stole)
21. I certify the alive an	nat I attended the	deceased 19	fram Ave	t death	7 , 19 <del>/ 5 ,</del> accurred at 9	: 301	M, fram th	S, 1958,th ne causes and city or town, state 4 MA	an the d	saw the decease ate stated above DATE SIGNE
	r. Philip		nsley	/ Ma	in St	Sal	lisbur	y,Maryla	and Ja	an.37/5
270 BURIAL, CREMATIC REMOVAL (Specify BUT 18	Peb.1.1		2c. NAME OF CER Laurel		CREMATORY Cemete			City, town, or co		(State)
23. FUNERAL DIRECTOR HOLLOWAY	& COMPAN	IY - S	ALISBUE	RY, MA	RYLAND o	-	BY REGISTRAR	24 REGISTRA	R'S SIGNATU	i e

SA DALICA

FOR STA HEALTH DEPT

Poge TO DEPUTY MEDICAL IT AMINER: This certificate should be executed within 24 hours after death. If any delay is necessare execute the certifical writing the ward "pending" in pendil is them, its. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwal.

4 should be forwal.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of an its derivated agent, prior to burial, cremation, and in any event within 72 hours after death.

VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1324EDICAL EXAMINER'S CERTIFICATE OF DEATH

01329

Reg. Dist. No.

. COUNTY	Wicomico MARYLANI	2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)  o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (I	outside corporate limits write FURAL c. LENGTH OF STAY IN 18 Salisbury	c. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest fown)  12 Salisbury
d NAME OF HOSPIT 753	AL OR INSTITUTION (if not in hospital, give street address)  S. Division St	753 S. Division St
3. NAME OF DECEASED (Type or print)	PAULINE WASHINGTO	N WHEATLEY DEATH January 22nd 19 5
Female	6. COLOR OR RACE 7. MARRIEO NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH  March 23,1920  9. AGE fin years   IFUNDER 1YEAR   IF UNDER 24 HKS
House W	ON (Give kind of work done 10b KIND OF BUSINESS OR INDU g life, even if retired)	Hebron, Maryland USA
Albert	Darby	Alice Tull
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO III ym. g ve wor or dates ef service)	r. George L. Wheatley(Husband)753 S. Division St. Salisbury, Maryland
Conditions, if o gove rise to imme (o), storing the couse lost.	diate cause Due TO (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200 EXTERNAL CAL PRIMARY Der COI CAUSE OF DEATH.  20c. TIME OF INJU Hour o. m.	Found dead in ]	(Enter noture of injury in Port I or Part II of Item 18.)  Ded at home by sister.  ACE OF INJURY (Home, form, 120f (City or hown) (County) (Stote) cfory, street, office bldg., etc.)
	nat I took charge of the remains described ab resulted from: Natural causes 🐧, Accident	The state of the s
ACTUAL SIGNATURE	End Ry	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S DI	r. Earl L. Royer	ASSISTANT MEDICAL EXAMINER Jan. 21 1958
Buriel	Jan. 26, 1958 Wicomico Me	(- ),
23, FUNERAL D RECTOR  LOWAY & CO	S SIGNATURE ADDRESS  OMPANY FUNERAL HOME-SALIS	SBURY, MDDATE JAN 2 7 158 REGISTRATS SIGNATURE



CERTIFICATE OF DEATH

01330 Rea. Dist. No.

	1. PLACE OF DEATH g. COUNTY. / /	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Wicom ico	B. STATE MARYLAND B. COUNTY DORCHESTER
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURA), and give reporest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	SALISBURY	SHARPTOWN - RURAL C9X-
1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
	TENINSULA GENERAL HOSPITA	- ELDORADO ROAD YES NO [
	3. NAME OF PICE STATE Middle Middle	Last 4. DATE Manth Day Year
	(Type or print) VICTOR CLYDE WA	TEATLE! DEATH PANUARY 14 1958
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs Min.
eller a	MALE WHITE WIDOWED DIVORCED	APRIL 18 1889 68 m.
Ì,	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired)	
. ,	FARMER FARM CWNER	DORCHESTER CO. M.D. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	RIGBY W. WHEATLEY	ANNIE WHEATLEY
	[Yes, no, or unknown] [(If yes, give war or dates of service)	FORMANT Address
	No 215-36-1236 NE	ETTIE S. WHEATLEY, SFARORD DEL. RAD
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL SETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) CACACACO CON	Conau occlusion 10 minutes
	DUE TO	
	Conditions, if any, which by gave rise to immediate	
	casse (a), stating the under-	
	lying cause last. (c)  Page III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  UTF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
	200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Part I or Part II of item 18.)
	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		CE OF INJURY (Hame, farm, 120f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Have a.m. 19 While Nat while at work 19 at work 19	tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from.	19 that I last saw the deceased
	alive an 1-14 , 1958, and that death	
		ADDRESS (Street, city or lown, state)  DATE SIGNED
	SIGNATURE LO ILLU R - GOLIA	10. 5 18 lis lucy Mb. 1-14-58
1	BH INCOME A A STORE A	
	PHYSICIAN'S NAME (Type)	######################################
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
	BURIAL JAN. 18, 1958 GALESIOWN	CEMETERY GALESTOWN, MARGYLAND
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECID BY REGISTRAR 400 REGISTRAR'S SIGNATURE
	JJ FRAMPTOM W SON FENERALSRIN	P(- M/) BATE

al director, be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by pospital or ottending physician.

DeuneRAL DIRECTO Ther this certificate has been signed by the ottending physician and campletely filled in by the tagge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrateoriar to burial, crematian, ar removal, and in any event within 72 haurs after death. may be retained by TO FUNERAL DIRECTO VS A1S (4) 15M 9/5S



after

BUREAU V. S.

E.E. T NA

MEGENAED

IS RESIDENCE

ON A FARM?

YES TO NO

Yeor

PERFORMED?

(Slote)

DATE SIGNED

(State)

19 58

Rea. Dist. No.

2 USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission)

4	iely filled in by the	Pages 1 and 2 should be filed with	(
	by the attending physician and camplet	1. Then please remove carbon papers Pa	ent within 72 hours after death.
The state of the s	this certificate has been signed by the	for use as the burial-transit permit. The	or prior to burial, cremation, ar removal, and in any event within 72,haars
1	L DIRECT	ould be derached for	r prior to burief, c

PLACE OF DEATH

p. COUNTY **b** COUNTY Wicomico MARYLAND Maryland Wicomico CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest town) Salisbury Salisbury Ann NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS John B. Parsons-Home for the Aged Lemon Hill NAME OF 4. DATE Middle Last Month Day DECEASED (Type or print) BEULAR VIII TUR DEATH JANUARY 17th 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours WIDOWED | DIVORCED Sept. 30, 1878 **Female** White 10a USUAL OCCUPATION IGive kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Refired Nurse Nursing Quantico, Maryland USA 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME Isaac H. White Auzelia Kennerly 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Records-John B. Parsons Home for the Agedlink Saliabury, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO A METERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES 📗 NO 🗑 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 29e. PLACE OF INJURY (Home, farm, 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) Not while foctory, street, office bldg., etc.) Hour o. m While of work of work 700 - 16 19 3 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 8:00A M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Dr. Philip Insley Main St. Salisbury, Maryland may be ref D FUNERAL page 3 sha he regist 22b. DATE THEREOF 220 BUR AL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify)
Burial Jan. 20, 1958 Parsons Cometery Salisbury Maryland 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY FUNERAL HOME - SALISBURY, MD. 22° 2 2 14 6

Poge requires that the death certificate be executed within 24 hours after death

0 VS A15 (4) 15M 9/55



e is be not a

ON A FARM?

1958

YES NO Z

Year

01333 -Reg. Dist. No.

Wicomico

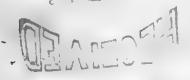
18

M C WIDOWED DIVORCED JULY 9, 1921 36" Months Doys Hours Min	15'
USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  12 CITIZEN OF WHAT COUNTRY SALESMAN  12 CITIZEN OF WHAT COUNTRY SALESMAN  US A	TRY?
Father's Name Feorge White  14. Mother's maiden Name Ida Frost	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Pauline White, Eden. Md.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Practured skull: fractured cervical spine  Suddder  Canditions, if ony, which gove rise to immediate cause (o), stating the underlying  DUE TO	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED?  YES NO.	
206. EXTERNAL CAUSE WAS PRIMARY ID. or CONTRIBUTING   206 DESCRIBE HOW INJURY OCCURRED (Enter noture of in vry in Part I or Purt II of item 18) Padestrian struck by oncoming car  20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (State of INJURY (Home, Tarm, 120f. (City or town) (Caunty))  White Not while (State of Injury) (State of Injury)  Not white (State of Injury) (State of Injury)	
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in n	Md my
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
RAME (Type) Farl L. Royor, M.D. DEPUTY MEDICAL EXAMINER X 1-21-58  BURIA. CREMATON 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d COCATION (CIV. town, or county)  PENOVAL (Specify) 1-22-58 From all Solutions of County)  FUNDERAL D RECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 246, REG STRAR SIGNATURE  LEVEN P. Wilson Princes amount 27 58	1

NS. A15ME. 5M 2 57

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23.



BUREAU V. A.

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H	EA	LT	Н	DE	P	,
	er.			1		

TO DEPUTY MEDICAL, EXAMINER: This certifizate shauld be executed within 24 limms offer death. If ony deloy is necessary a execute the certification within the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the functol direct a should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit-permit. File pages 1 and 2 with the State Board of arits desired agent, prior to buriof, cremation, or removal, and incarp event within 72 hours after death.

TS ATSME" 5M 2 57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6"

								Reg. Dist.	No.	
COUNTYWIC	omice		MA	RYLAND		ICE (Where dece	ased lived. If instit b. COUN			
b CITY OR TOWN	(Il pulside corporale li	mils, write RURAL	c. LENGTH OF STA	AY IN 16	c. CITY OR TO	WN (If outside co	rporate limits, write	RURAL and giv	a nearest fown)	
S	lisbury		minu	tes	y	Allen				
d. NAME OF HOSP	TAL OR INSTITU	TION (If not in I	naspital, give street odd	iress)	d STREET ADDI	RESS	-		e IS RESIDENCE	
P	eninsula	General	Hospital		, E				YES NO	
3. NAME OF DECEASED		First	Middle		Lost	4 DATE OF	Man	th D	oy Year	
(Type or print)		<u>Harold</u>			White	DEATH		1		
5. SEX	-	RACE 7- MAR	RIED NEVER MARK	HED 🔲 8.	DATE OF BIRTH		9 AGE (In years last birthday)	Months Days	the same of the sa	
M	C	WIDOV	VED DIVORCE		July 9,	1921	36 yrs	Manins Days	Hours Min.	
during most of worl	ing life, even if i	f work done 10b etired)	, KIND OF BUSINESS O	OR INDUSTR			country)		OF WHAT COUNTRY	
	Lesman				Maryla				USA	
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME				
	orge Whi				Ida Fr	ost				
15. WAS DECEASED E	YER IN U.S. ARA 1 (II yes, give wer or		6. SOCIAL SECURITY N	0 17. IN	TORMANT		Addres	i.		
no	<u> </u>			M	rs. Pauli	ne White	, Eden, N	ſd.		
	ATH WAS CAUSE	D BY:	ne far (a), (b), and (c)					0	NTERVAL BEEWEEN INSET AND DEATH	
	IMMEDIATE CA	USE (o)	Fractured	cer	vical sp	ine:fr	actured	skull.	Sudden	
		UE TO								
Conditions, if		(b)								
(a), stating the		UE TO								
cause last.	,	{¢}								
5		IT CONDITIONS	CONTR BUTING TO DE	ATH BUT NO	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(0	PERFORMED?	
20g. EXTERNAL CO	AUSE WAS	20b. DESCR	IBE HOW INJURY OCC	URRED (En	ter nature of injury	in Part I ar Part	II of Hem 18 )			
-	l.	Wal	king har n	വലർ ഒ	ide and	atminis	by one	omina e	2022	
3 20c. TIME OF INJ	URY Month, C		King by r				ty or Youn)	(County)	(State)	
20c. TIME OF INJ	78		nile Not while work 🌃		ry, street, affice bldg crioxxxxxx	-	oli abum	- 1474 a s	and a Ma	
8P.Mam 1-8-58 of work of Highway   Salisbury Wicomico Md.  21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry D., and in my										
				_			- Institute			
opinion dean	opinion death resulted from. Natural causes [], Accident [X], Suicide [], Homicide [], Undetermined manner []									
ACTUAL SIGNATURE	h	1 .	Ky.		M.D. CHIEF MEDIC	CAL EXAMINER [	)		DATE SIGNED	
						AEDICAL EXAMIN	ER 🗀			
EXAMINER'S NAME (Type)	Earl L. I	Royer, M	. D.		DEPUTY MED	ICAL EXAMINER	Ek 1	/21/58		
220. BURIAL CREMAT	ON, 226 DATE	THEREOF	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOC	ATION (City, lawn,	or county)	(State)	
Buria	[ 11/2	2/58	Green Ac	res		Sal	isbury, M	ld.	-	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		240	REC'D BY REGIS		ISTRAR'S SIGNAL	TURE	
Ievir	R. Wils	son, Pri	ncess Anne	Md.	DA	TE MARK S	-64 Cm	- Laure	,	

Film #716- 3/5/58-MM. To. Buginal cert last- this is a seplacement certificate.

Z .V UABRUA

8381 8 RAM

DECENAL

OR INSTITUTION  Peninsula General Hospital  3. NAME OF DECEASED (Type or print)  WILLIAM H.J. WHITE DEATH  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DIVORCED June 30 189/1 63 yrs Months Days H.  Male White Widowed Divorced June 30 189/1 63 yrs Months Days H.  10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  110g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF W.  Salesman Cars  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  16. CAUSE OF DEATH [Enter only one cause pervine for (o), (b), and (c).]	fan t
a. COUNTY WICOMICO  b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown)  Salisbury  2 Wks.  Salisbury  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  PETINSULA General Hospital  3. NAME OF DECEASED  (Type or print)  S. SEX  6. COLOR OR RACE  WHOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  June 30 189/1  Salesman  12. CITIZEN OF M  Maryland  D. COLINTY  Maryland  D. C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest Maryland  D. C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest Maryland  A DATE  Month  Day  PAT L. DEATH  MARPHED  DIVORCED  DIVORCED  DIVORCED  June 30 189/1  12. CITIZEN OF M  Maryland  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Henretta Malone  Interv.  OSE  INTERV.  ONSET  INTERV.  ONSET  INTERV.  ONSET  INTERV.  ONSET	1334
WICOMICO  b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL ond give nearest frown)  Salisbury  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Peninsula General Hospital  3. NAME OF GECEASED (Type or print)  WILLIAM H. J. WHITE  S. SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  DIVORCED  June 30 189/1  Salesman  13. PATHER'S NAME  WHO THE White  Last Maryland  WICOMICO  CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest Stay In the RURAL Ond give nearest St	lmission)
RURAL and give necrest lown)  Salisbury  OR INSTITUTION  Peninsula General Hospital  Jegy or print   William   Willi	
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Peninsula General Hospital  3. NAME OF DECEASED (Type or print) WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM  Male White WIDOWED DIVORCED June 30 180/1 63 yr  10a. USUAL OCCUPATION (give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stote or foreign country)  Salesman  Cars  Maryland  13. FATHER'S NAME  Thomas W. H. White  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one cause per line of (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  NETT OF W. S. STREET ADDRESS  (14. DATE ADDRESS  WHITE  VY  ADATE  Month Day  WHITE  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  NO  NO  INTERV. ONSET  INTERV. ONSET	town)
OR INSTITUTION  Peninsula General Hospital  127 W. College Ave.  13. NAME OF DECEASED First Middle  15. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  15. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED June 30 1891 63 yr Months Days Holder Months Day	
3. NAME OF DECEASED (Type or print) WILLIAM H. J. WHITH DEATH 1  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years less birthday) Months Days H. Male White WIDOWED DIVORCED Jine 30 1891 63 yrs Months Days H. Months Days H. Maryland 12. CITIZEN OF W. Salesman Cars  10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF W. Salesman Cars  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Thomas W. H. White  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (o) Decease of the country of the cause per line for (o), (b), and (c).]	RESIDENCE IN A FARM?
DECEASED (Type or print)  WILLIAM H. J.  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  Male White Widowed Divorced Jine 30 189/1 63 birthday)  Months Days H.  10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stote or foreign country)  11a. FATHER'S NAME  11b. MATHER'S MAIDEN NAME  Thomas W. H. White  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no., or unknown)  16. CAUSE OF DEATH [Enter only one cause per fine or (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  10 WHITE  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  WHITE  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	5   NO
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B DATE OF BIRTH  9. AGE (in years lest birthday)  Months  10a. USUAL OCCUPATION (Give kind of work done)  10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stote or foreign country)  11. CITIZEN OF W  12. CITIZEN OF W  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECCEASED VER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  10 DIVORCED  11 B DATE OF BIRTH  9. AGE (in years lest upper lost lost birthday)  Months  12. CITIZEN OF W  12. CITIZEN OF W  13. MARY LAND  14. MOTHER'S MAIDEN NAME  Henretta Malone  Address  15. WAS DECCEASED VER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  10 DIVORCED  11 DIVORCED  11 B DATE OF BIRTH  9. AGE (in years lost birthday)  Months  12. CITIZEN OF W  Many Land  12. CITIZEN OF W  12. CITIZEN OF W  INTERV.  ONSET	Year
Male White WIDOWED DIVORCED June 30 189/1 63 yrs Months Days Hold 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stole or foreign country)  Salesman  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Thomas W. H. White  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service) (Ps, no. or unknown) (If yes, give wor or dotes of service) (If yes, give wor o	1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Salesman  Cars  Maryland  US. A  13. FATHER'S NAME  Thomas W. H. White  Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line or (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  INTERV.  ONSET	Urs Min
Salesman  Salesman  Cars  Maryland  US.A.  13. FATHER'S NAME  Thomas W. H. White  Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO. ————————————————————————————————————	
13. FATHER'S NAME  Thomas W. H. White  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  14. MOTHER'S MAIDEN NAME  Henretta Malone  Address  Wm. H. J. White, Same  INTERV. ONSET	HAT COUNTRI
Thomas W. H. White  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  (You, no., or whoman)   Iff yes, give wor or date of service)  NO  18. CAUSE OF DEATH [Enter only one cause per line or (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  TO WHOMAND HE TO WAS CAUSED SY: IMMEDIATE CAUSE (o)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no. or unknown) (If yos, give wor or date of service)  NO = PII = 10 - 7775 Mrs. Wm. H. J. White. Same  18. CAUSE OF DEATH [Enter only one cause per line or (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) (NET OR WITH A CAUSE OF DEATH CAUSE (o))  NO = PII = 10 - 7775 Mrs. Wm. H. J. White. Same  INTERV. ONSET	
(Yes, no. or unknown)  NO =- P11-10-7775 Mrs. Wm. H.J. White, Same  18. CAUSE OF DEATH [Enter only one cause per line or (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  NO UNITERV. ONSET	
18. CAUSE OF DEATH [Enter only one cause per line or (o). (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  ONSET  ONSET	
PART I. DEATH WAS CAUSED BY: Drello premones belotterd ONSET	
IMMEDIATE CAUSE (6) SCOTTCOTO TO THE CONTROL OF STATE CAUSE (6)	L BETWEEN
	das
Conditions, if any, which (b) (b)	
couse (a), stating the under-	in t
	16 11 COSC 1
2   E	RNORMED?
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	NO []
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	(State)
Hour a. n. While Not while factory, street, office bldg., etc.)	(signe)
21. I certify that Vattended the deceased fram. 1958, ta 172, 1958 that I last saw	
alive an 1/20, and that death occurred at 12:25th, from the causes and an the date of	
ACTUAL SIGNATURE RULLIAN SOLUTION MD. Salisbury Maryland 1/21/5	DATE SIGNE
signature Kulflish Journal 1/21/5	8
PHYSICIAN'S Dr. Rufus S. Gardner Jr. Peninsula Wedical Bo Salichum	
REMOVAL (Specify)	Stote)
	3.0.0,
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  ADDRE	
Mormon + Balbar	

ENULVA K Y

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POPEYO K Z

DEALE!

VS A15 (4)

BUREAU V. A.

DECENTED

ihe.

FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1346

#1337

						R	eg. Dist	. No	*******					
1. PLACE OF DEA	тн				2. USUAL RESIDE	ENCE (HOME) OF D	ECEASE	D						
COUNTY W1	comico		MARYL	AND	STATE Maryland county Wicomico									
	porata limits, write RURAL		LENGTH OF	STAY	CITY (if outside corporate limits, write RURAL and give nearest town) OR									
TOWN	rotown		E A	77.S	#/034/NI	ntown								
HOSPITAL OR	T DOOMIT		1	/1.3	STREET (If rure) give (ocation)									
INSTITUTION OR STREET ADDRESS	Ferry S	treet			ADDRESS Fer	ry Street	t							
3. NAME OF	(First)		Middle)		(Last)	4. DATE (Mo		(Day)	(Yar	ir}				
(Type or Print)	Elizabeth	Δ.	nn	TA.	/illing	OF DEATH	Jan.	19	19	58				
5. SEX   6. CC		NGLE, MARRIE		I 8. DATE C		9. AGE lest birthday	IF UNDER		IF UNDER					
	ACE WI	DOWED, DIV	ORCED,	30.00	1 1004	0.77	Months	Days	Hours	Min.				
Female   Wh	lite	oaciWido	WCQ.		11. BIRTHPLACE (Stell or fo	1	1 12	CITIZE	N OF WH	AT				
done during most of	working lifa, avan if	OR	INDUSTRY				1	COUN	TRY?					
ratirad) At HO	me	4	ome		Nanticoke,			U	A					
	77	1.1.												
	iomas Hea		cocial cree	10.1717 . 1.0	Priscill									
IS. WAS DECEASED EVER	K IN U. S. AKMED FOKC s, give war or deles of ser	rylca)	SOCIAL SECU	UKITY NO.	17. INFORMANT 8		~	4 .		1/2				
(Yas no, or unk.) (If Yas	H=====	N	one			ce Hastin	33, S							
1 DISEASES OR CONDITIE	ONS DIRECTLY LEADING	TO DEATH		Δ.	RTIFICATION				RVAL BETY ET AND D					
	E CALLEE (A)	- 73.	2772	Clu	les			1 2	940	-4/1				
ANTECEDENT	DUE 76									1				
DISEASES OR CONDITION	NS, IF ANY, (B)													
GIVING RISE TO THE AR	BOVE CAUSE	)												
TO CAUTE SIGNIFICANT OF	(C)	10						ļ						
11 OTHER SIGNIFICANT CO	T RELATED TO THE	1 19	tone	. 5	les uses			1	2					
19a, DATE OF OPERATION		P FINDINGS (	OF OPERATION		المارية المارية			20	, AUTOPS	. V2				
178, DATE OF OPERATION	170, 1170	K FINDINGS V	or oranginor	•				YES						
21a. ACCIDENT WAS UN OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	JSE OF DEATH OF INJ		, farm, factory ffica bldg., alc.		21c, WHERE DID INJURY OCC	UR? (City or town)	(Cour	nly)	(State	}				
21d. TIME OF INJURY (A	Month) (Day) (Year) (I	Hour) 21e. While M. at wo		RRED while	21f. HOW DID INJURY OCC	UR?								
22. I hereby cert	ify that I attended	the decea	sed from	an 3	1958 to Ja	w/4 , 1958	. that I	last say	v the de	reased				
A	The second of				12307 M, from the									
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	//			DRESS (Street, city, low			ATE BI	GNED				
74311	Carte Kar	ALL		M.D.	esti	unsterm	7/1/	1211	58					
23. BURIAL, CREMATION	DATE THEREO	OF	NAME OF	CEMETERY OR		LOCATION (City, low	h, or county	1	1	Sleta)				
REMOVAL (SPECIFY)	1-21-	58	Тел	ylor		Sharpton	an M	d.						
24. REC'D BY REGISTRAR	REGISTRAR'S		1	,	25. FUNERAL DIRECTOR		4 4	ADDRES5		2				
JAN 2	3 '58 UU	Lehue	70,		Charles !	W. Many	l. 8	Kan	110					



EUREAU V. E.

8381 GC No.

The botto copy

TO FUNER certificate

VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1332

111338

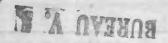
Reg. Dist. No ....

1. PLACE OF DEATH				2. USU/	L RESIDEN	GE (HOME) OF D	ECEASE	D		
COUNTY Wi	comico	MARYL	AND	STATE	Maryl	and county	Wi	comi	00	
CITY (If outside corporete limit OR end give neerest town)	ts, writa RURAL	LENGTH OF		CITY	(If outside corpor	rate limits, write RURAL	end give nee	rest town)		
TOWN Salisbury		Since 6		TOWN	Salis	bury				
HOSPITAL OR Ding	Bluff State	Hospita		STREET		(If rural gi	va location)			
INSTITUTION OF	bury, Maryl	_		ADDRE	313	Oak Street	,			
3. NAME OF (Fi	rst)	(Middle)		(Last)	3-7	4. DATE (Mo		(Dey)	(Yeer)	
(Type or Print) [1,1	illiam		Ta	lood		DEATH	lan.	25	19 58	7
5. SEX   6. COLOR OR		A PRIFO.	I 8. DATE C		13	P. AGE last birthday	IF UNDER		IF UNDER 24	
RACE	WIDOWED.	DIVORCED.			40.0		Months	Deys		Ain.
Male   White		arried	7	h 20, 1		78 yn.	1 10	CITIZE	N OF WHAT	
done during most of working li	ife, even if	OR INDUSTRY		II. BIKIMPLAG	CE (State or foreig	in contity)	12	COUN	TRY?	
retired Laborer		Construct	tion	1000	land			U	SA	
13. FATHER'S NAME				14. MOTI	HER'S MAIDEN I	AME				
Frederick Woo	d				Elizab	eth Philpot	;			
15. WAS DECEASED EYER IN U. S.		16. SOCIAL SEC	JRITY NO.	17, It	NFORMANT & A	DDRESS				
(Yas, no, or unk.) (If Yes, give we	ir or deles of service)	None		Reco	rds of	Pine Bluff	State	Hos	pital	
		18. MEI	DICAL CER	TIFICATIO	N	The second transfer and			RYAL BETWEE	
1 DISEASES OR CONDITIONS DIRE			A same					1	ET AND DEAT	H
IMMEDIATE CAUSE	(A)	lmonary e	dema					24	BL2.	
ANTECEDENT CAUSE		rdiac fai	lure					1 w	reek	
DISEASES OR CONDITIONS, IF A	TISE									
STATING UNDERLYING CAUSE L		lmonary t	ubercu	losis				6 3	rs.	
BE OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN										
198. DATE OF OPERATION	195. MAJOR FINDIN	GS OF OPERATION	1					20	AUTOPSY?	
								YES	☐ NO 🖟	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH OF INJURY pre-	loma, farm, factory at, office bidg., etc.		NIC. WHERE DID	INJURY OCCUR	? (City or town)	(Cour	ity)	(Stete)	
21d. TIME OF INJURY (Month) (			RRED while	21. HOW DID	INJURY OCCUR	?		1 9		
22. I hereby certify that				1057	to Towns	own 25 to 58	42-4-1	foot -	. 11- 1-	
										SO
alive on Jan 25	, 19.Э.О а	and that death	occurred at	TATATA		auses and on the RESS (Street, city, tov			e. Date Bign	
S' A	100+	-0 .					1/26/		ALE BIGH	2.1
23 BURIAL CREMATION	DATE THEREOF	NAME OF	M.D.	CREMATORY	lisbury	LOCATION (City, tow			(Stete	-1
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JAN. 29.				PARK.	SALISBU				.,
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNAT	IRE			AL DIRECTOR'S			ADDRESS		
DATE MAN DO SER	deed and			HOL	LOWAY	& COMPANY	SAL	SBU	RY, MD.	•
TANA G TO				1			-			-

ET LEDANTING-STIANI TO PROMPHANDUSTATE CHARLES AND

# THE CERTIFICATE OF DEATH

1-175 by 100



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allen versich (12) 22 Deutsche (12) 22 Deutsche (12)

JAYER

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 1333

Reg. Dist. No.

01339

	PLACE OF DEATH	Wicomico		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where de Maryl		If institution		Cec:		ion)
	b. CITY OR TOWN (IF RURAL and give Se	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16 2 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Elkton							
	d. NAME OF HOSPITA	AL (If not in hospital, of lead State	Hosp	odd:ess) ital	d. STREET ADDRE	ss ) 3					e. IS RESIDENCE ON A FARM? YES CONO T	
100	NAME OF DECEASED (Type or print)	Fid Elme		Middle G .	Wright	4, D	ATE OF EATH Ja	Mon nuarj		29t		Year 19 58
S.	Male	6. COLOR OR RACE White	7. MARI	NEVER MARRIED DIVORCED DIVORCED	s. DATE OF BIRTH July 22, 1	880	9. AGE lost	(In years pirthdoy) 7 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
L	during most of work	N (Give kind of work ing life, even if retired N.K.,	ione 10b.	KIND OF BUSINESS OR INDA	Mt. Joy	, Pa.	eign country)		12. CIT	US		COUNTRY
13.	FATHER'S NAME	na Wai aht			14. MOTHER'S MAIE		Conne					
Thomas Wright  1s. was deceased ever in u. s. armed Forces? 16. social security no. 17. Informant  ("or. to, or unknown)   If yet, give wor or detail of service)   195-05-0146   Deer's Head Hospital Records, Salisbury,										líd.		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  IV. which Inmediate  DUE TO	)	ne for (o). (b). ond (c).] Recto-sigmoid	carcinoma					ON:	ERVAL 8E SET AND	TWEEN DEATH
CERTIFICATION	PART II. OTH A: 200. ACCIDENT WA: OR CONTRIBUTING	er significant con rterioscle	rotic	CONTRIBUTING TO DEATH BUT TO BEATH BUT TO BE BUT TO BEATH BUT TO BE BUT TO BEATH BUT TO BE	e, decompens	sated;	secon	ary a			PERFO	AUTOPSY RMED? NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, octory, street, office bldg		. (City or town	))	(1	County)		(State)
		n. 29,	12 t	ed from Jan. 15	M.D. Sali	55P_M, ADOR	from the ( ESS (Street, city	couses of formal and	and on t	he do	te state	
220	BUIL 18 1		F	Fairview	OR CREMATORY	22d.	oates	ity, town, o	or county)		sylv	
23.	FUMERAL DIRECTOR'S	SIONATURE	his	ADDRESS		FEB 4		24b REGIS	LEGU	B.		

I director, filed with 格 **DIRECTOR.** After this certificate has been signed by the attending physician and completely filled in by the far de detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shavid for to buriof, crematian, ar remaval, and in any event within 72 hours after <u>death</u>. TO HOSPITAL OR ATTENGING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by spital or attending physician.

TO FUNERAL DIRECTOM After this certificate has been signed by the attending physician and completely filled in by the f the registra

oth: Page 4

BITARD NO BITADRITHO

BUREAU V. S.

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BECEINED